

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038139

1. Entity Name

GEM 2 OF BROWARD, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90035 013 \*\*\*150.00

Principal Place of Business

5245 WHISPER DR.  
CORAL SPRINGS FL 33067

Mailing Address

5245 WHISPER DR.  
CORAL SPRINGS FL 33067-2000

2. Principal Place of Business

3518 N. Powerline ROAD

Suite, Apt. #, etc.

3. Mailing Address

3518 N. Powerline ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FLA

Zip 33069

Country USA

City & State

Pompano Beach, FLA

Zip 33069

Country USA

4. FEI Number

650914517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIMPSON, MICHAEL  
5245 WHISPER DR.  
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TIMPSON, MICHAEL  
STREET ADDRESS 5245 WHISPER DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ Delete  
NAME TIMPSON, EDWENA  
STREET ADDRESS 5245 WHISPER DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Timpson* MICHAEL TIMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

(954) 957-7463

Daytime Phone #