

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90128 028 ***150.00

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DOCUMENT # P99000038139

1. Entity Name
GEM 2 OF BROWARD, INC.



Principal Place of Business
**23 SOUTH POMPANO PARKWAY
POMPANO BEACH FL 33069
US**

Mailing Address
**23 SOUTH POMPANO PARKWAY
POMPANO BEACH FL 33069
US**

11029373



2. Principal Place of Business

4722 St. Simon Dr

Suite, Apt. #, etc.

3. Mailing Address

4722 St. Simon Dr

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0914517

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMPSON, MICHAEL

4722 ST. SIMON DRIVE

COCONUT CREEK FL 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TIMPSON, MICHAEL**
STREET ADDRESS **4722 ST. SIMON DRIVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☐ Delete
NAME **TIMPSON, EDWENA**
STREET ADDRESS **4722 ST. SIMON DRIVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

11. 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
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, &

4/27/03

Date

954

425-0223

Daytime Phone #

CR2E034 (10/02)