

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039441

1. Entity Name
GEMBOOK, INC

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90020 012 ***150.00

Principal Place of Business Mailing Address

00033189

2. Principal Place of Business
10211 W. SAMPLE RD
Suite, Apt. #, etc.
117
City & State
CORAL SPRINGS, FL
Zip
33065
Country
BROWARD

3. Mailing Address
10211 W. SAMPLE RD
Suite, Apt. #, etc.
117
City & State
CORAL SPRINGS, FL
Zip
33065
Country
BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired
No ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name
WILLIAM J. DI PETRILLO, P.A.
Street Address (P.O. Box Number is Not Acceptable)
10211 W. SAMPLE RD suite 117
City
CORAL SPRINGS FL Zip Code
33065

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 *William J. Di Petrillo* DATE 4-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pat Abbonanzio* DATE 4/6/00 DAYTIME PHONE # (954) 346-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)