

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095663

1. Entity Name

PRECIOUS GEMS, INC.

**FILED**  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90031 037 \*\*\*150.00

Principal Place of Business Mailing Address  
C/O ROBERT BAKER, ESQ.  
6100 GLADES RD. SUITE 301  
BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3495 Windsor Place  
Suite, Apt. #, etc.

City & State City & State  
Boca Raton, FL

Zip Country Zip Country  
33496 --USA--

4. FEI Number Applied For  
65-0961713 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 2 - [Signature] - Vice Pres, Treasurer 1/26/00  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNURMACHER, ANDREWA	NAME	Schnurmacher, Andrea
STREET ADDRESS	C/O ROBERT BAKER, ESQ. 6100 GLADES RD, #301	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNURMACHER, LARRY	NAME	
STREET ADDRESS	C/O ROBERT BAKER, ESQ. 6100 GLADES RD, #301	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: [Signature] 1/26/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President  
Andrea Schnurmacher, President, Island 561-393-2043

CR2E034 (9/99)