

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 640030**1. Entity Name
GEMINI INVESTMENTS, INC.**Principal Place of Business**

1881 NE 26 STREET

WILTON MANORS
33305

FL

Mailing Address

P.O. BOX 590910

FT. LAUDERDALE
333590910

FL

2. Principal Place of Business

1900 WEST COMMERCIAL BLVD

3. Mailing AddressSuite, Apt. #, etc.
SUITE 16

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

FL

City & StateZip
33309

Country

Zip

Country

4. FEI Number**59-1926889**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORSO, CATHERINE**
4450 N.W. 59 COURTFT LAUDERDALE
33319

US

FL

7. Name and Address of New Registered Agent**Name**

FOREST CATHERINE

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

4450 N.W. 59 COURT

City

FT LAUDERDALE

FL

Zip Code
33319

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 **CATHERINE FOREST**

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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, 2001 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	DT	<input type="checkbox"/> Delete
NAME	FOREST MICHAEL E	
STREET ADDRESS	4450 NW 59 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	

TITLE	D	<input type="checkbox"/> Delete
NAME	CORSO, CATHERINE	
STREET ADDRESS	4450 N.W. 59 COURT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

TITLE	PVS	<input type="checkbox"/> Delete
NAME	CORSO, CATHERINE	
STREET ADDRESS	4450 N.W. 59 COURT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREST CATHERINE		
STREET ADDRESS	4450 N.W. 59 COURT		
CITY-ST-ZIP	FT LAUDERDALE FL 33319		

TITLE	PVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREST CATHERINE		
STREET ADDRESS	4450 N.W. 59 COURT		
CITY-ST-ZIP	FT LAUDERDALE FL 33319		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(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: CATHERINE FOREST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PVS

04/26/2001

Date

Daytime Phone #

CR2E034 (11/00)