

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721118

1. Entity Name

GEMINI SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90004 041 ****61.25

Principal Place of Business

Mailing Address

14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161
US

14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161-2984
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1468217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUTIL, INGRID
14310 N.E. 5TH PLACE #2
NORTH MIAMI FL 33161

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPT ☐ Delete
NAME WALKER, EDWARD
STREET ADDRESS 14310 N.E. 5TH PLACE #2
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE VPT ☒ Change ☐ Addition
NAME WALKER EDWARD
STREET ADDRESS 14310 NE 5TH PL # 3
CITY-ST-ZIP N. MIAMI / FL. 33161

TITLE D ☐ Delete
NAME YOUNG, DONNELL
STREET ADDRESS 1320 SW 88TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DIRECTOR ☒ Change ☐ Addition
NAME WANDA YOUNG
STREET ADDRESS 14310 NE 5TH PL # 4
CITY-ST-ZIP N. MIAMI FL. 33161

TITLE PT ☐ Delete
NAME KUTIL, INGRID
STREET ADDRESS 14310 N.E. 5TH PLACE, # 2
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☐ Addition
NAME AILETTE CORELIO
STREET ADDRESS 14310 NE 5TH PL # 1
CITY-ST-ZIP N. MIAMI / FL. 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-2000 305-949-4246

CR2E037 (9/99)