

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003100

1. Entity Name
GEMINI INTEGRATED FINANCIAL SERVICES CORP.

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90173 013 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business 1100 RIVER BIRCH ST
Suite, Apt. #, etc.

3. Mailing Address 1100 RIVER BIRCH ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FL HOLLYWOOD FL
Zip 33019 Country USA Zip 33019 Country USA

4. FEI Number 65-0668011 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
Name JONATHAN D. LEINOWAND, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 1100 RIVER BIRCH ST
City HOLLYWOOD FL Zip Code 33019

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 Jonathan D. Leinowand 5/1/00
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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JONATHAN LEINOWAND 1100 RIVER BIRCH ST HOLLYWOOD, FL 33109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RANDY LEROU 1411 KING ST. EAST TORONTO ON CANADA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 an other like empowered.

SIGNATURE: [Signature] 5/1/00 954-924-1567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #