

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90015 021 ***150.00

DOCUMENT # H67143

1. Entity Name

GEMINI INDUSTRIAL SUPPLY CORP.



Principal Place of Business

1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES FL 33146

Mailing Address

1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES FL 33146

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

59-2556811

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

**LEVIN, STANTON G.
12120 S.W. 70TH COURT
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete
NAME **LEVIN, STANTON G.**
STREET ADDRESS **12120 SW 70TH CT.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☒ Delete
NAME **SUSSMAN, WILLIAM C.**
STREET ADDRESS **1570 MADRUGA AVENUE, #311**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **P.S.D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☒ Delete
NAME **ANDRESS, LAURENCE M.**
STREET ADDRESS **3408 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1570 Madruga Avenue, #311**
CITY-ST-ZIP **coral Gables, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 607, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAURENCE ANDRESS
VICE PRESIDENT**

4/13/04 305-662-1991

Date

Daytime Phone #