

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014000

1. Entity Name

GEMINI GLASS LAMINATION, LLC

Principal Place of Business

Mailing Address

2003 WEST MCNAB RD. STE 17
POMPANO BEACH FL 33069

2003 WEST MCNAB RD. STE 17
POMPANO BEACH FL 33069

2. Principal Place of Business

2003 West McNab Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 19

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

FL

Zip

33069

Country

Bowward

Zip

33069

Country

USA

4. FEI Number

65-1052975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUDLOW, HENRY A
2003 WEST MCNAB RD, STE 17
POMPANO BEACH FL 33069

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

4000004725194-3

-12/13/01--01071--012

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
Ms Anne Sudlow
President
2003 W. F. 30 ST
77 Lauderdale FL 33306

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/20/01 954 593 9186

FILED

01 DEC 10 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE