2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # L01000020360 05-01-2002 91552 042 ****50.00 **GEMINI TRENDS ENTERPRISES. LLC** Principal Place of Business Mailing Address 9032 SW 152ND STREET 9032 SW 152ND STREET 87038 MIAMI FL. 33157 MIAMI FL 33157 ; • : 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 05384191 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNARD, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 9032 SW 152ND STREET MIAMI FL 33157 City 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MANAGER CR2E083 (9/01) ☐ Delets TITLE ☐ Change ☐ Addition ANTHONY BEENARD AD32 SW 152ND St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 33157 CITY-ST-ZIP Miami TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Chance NÆVF NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-719

TITLE

NAME

TITLE

NAME

Delete

Delete

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

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CITY-ST-ZIP

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