

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90082 036 \*\*\*\*50.00

**DOCUMENT # L02000016253**

1. Entity Name  
**GEMINI VERO, L.L.C.**



Principal Place of Business

**3300 SW 190TH AVE.  
MIRAMAR FL 33029**

Mailing Address

**3300 SW 190TH AVE.  
MIRAMAR FL 33029**

2. Principal Place of Business

**968 MARINA DR**

Suite, Apt. #, etc.

**WESTON FL**

City & State

**WESTON FL**

Zip

**33327**

Country

**FLORIDA**

3. Mailing Address

**968 MARINA DR**

Suite, Apt. #, etc.

**WESTON FL**

City & State

**WESTON FL**

Zip

**33327**

Country

**FLORIDA**

**00001111**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**37 144 3376**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGAL INFORMATION SERVICES, INC.  
1290 WESTON ROAD, STE. 300  
WESTON FL 33326**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GEMINI VERO MANAGEMENT, INC.  
3300 SW 190TH AVE.  
MIRAMAR FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GEMINI VERO MANAGEMENT INC  
968 MARINA DR  
WESTON FL 33327** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

**REQUIRE SIGNATURE**

**4-23-03**

**954 385 2987**

CR2E083 (10/02)