

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90009 048 \*\*\*\*55.00

**DOCUMENT # L02000021102**

1. Entity Name

**GEMINI DATA INVESTIGATION CONSULTING, LLC**



Principal Place of Business

Mailing Address

13211 N.W. 5 TERRACE  
MIAMI FL 33182

13211 N.W. 5 TERRACE  
MIAMI FL 33182

2. Principal Place of Business

N/A (see above)

3. Mailing Address

N/A (see above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0043267

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AGUERREBERE, ESTEBAN**  
13211 N.W. 5 TERRACE  
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

N/A (see #6)

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

*Esteban Aguerreber* **ESTEBAN Aguerreber**

3/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(single member LLC)

**FILE NOW!!! FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE: President  
NAME: ESTEBAN Aguerreber  
STREET ADDRESS: 13211 NW 5th  
CITY-ST-ZIP: Miami, FL 33182 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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10. ADDITIONS/CHANGES

TITLE: President  
NAME: ESTEBAN Aguerreber  
STREET ADDRESS: 13211 NW 5th  
CITY-ST-ZIP: Miami, FL 33182 ☐ Change ☒ Addition

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

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☐ 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:

*Esteban Aguerreber* **ESTEBAN Aguerreber** 3/7/03 786-423-5451

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

Date

Daytime Phone #

CR2E083 (10/02)