

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 30652

1. Entity Name

GEMICO CORPORATION

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90007 001 ***150.00

Principal Place of Business

Mailing Address

7801 NW 52ND STREET
MIAMI, FL 33166
USA

11811 SW 99 LANE
MIAMI, FLORIDA 33186
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0198732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DANYS JACOBI
11811 SW 99 LANE
MIAMI, FLORIDA 33186

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

General Manager

04/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	COHEN, MOISES	
STREET ADDRESS	13 CALLE 4-17, ZONA 1	
CITY-ST-ZIP	GUATEMALA, GUATEMALA,	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, ROBERTO	
STREET ADDRESS	13 CALLE 4-17, ZONA 1	
CITY-ST-ZIP	GUATEMALA, GUATEMALA, C.A	
TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, EDUARDO	
STREET ADDRESS	13 CALLE 4-17, ZONA 1	
CITY-ST-ZIP	GUATEMALA, GUATEMALA, C.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOISES COHEN

04/20/01 (305) 592-2114

Date

Daytime Phone #

CR2E034 (11/00)