

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90693 012 ***150.00

0284751 AV

DOCUMENT # L54850

1. Entity Name
GEMINI BUSINESS CORP.

| | |
|---|---|
| Principal Place of Business 1662 NE 196 ST N. MIAMI BEACH FL 33179 | Mailing Address 1662 NE 196 ST N. MIAMI BEACH FL 33179 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 3250 N. WEST 36 STR. | 3. Mailing Address 1662 N. E 196 STR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--|---|
| City & State MIAMI Florida | City & State N. MIAMI BEACH FL. |
| Zip 33142 | Zip 33179 |
| Country U.S.A. | Country U.S.A. |



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|---|
| 4. FEI Number 65-0193587 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
 TROJECKI, SZYMON
 1660 NE 196 ST
 N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
 Name: TROJECKI, SZYMON
 Street Address (P.O. Box Number is Not Acceptable): 1662 N. EAST 196 STREET
 City: NORTH MIAMI BEACH FL Zip Code: 33179

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 TROJECKI, SZYMON **DATE** 4/2/02
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

11. OFFICERS AND DIRECTORS

| | | |
|---|---|---------------------------------|
| TITLE P | NAME TROJECKI, SZYMON | <input type="checkbox"/> Delete |
| STREET ADDRESS 2041 N.E. 214TH ST. | CITY-ST-ZIP N. MIAMI BEACH FL 33179 | |
| TITLE S | NAME TROJECKI, ZILPA | <input type="checkbox"/> Delete |
| STREET ADDRESS 2041 NW 214TH STREET | CITY-ST-ZIP N. MIAMI BEACH FL 33179 | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE TROJECKI, SZYMON | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1662 N.E. 196 STR. | |
| CITY-ST-ZIP N. MIAMI BEACH FL. 33179 | |
| TITLE TROJECKI, ZILPA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1662 N.E. 196 STR. | |
| CITY-ST-ZIP N. MIAMI BEACH Florida 33179 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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] **DATE:** 4/4/02 **Daytime Phone #**

CR2E034 (9/01)