FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90030 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54850

94031571

1. Entity Name
Gemini Business Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3250 NW 36th Street	1662 NE 196th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, Fl.	City & State: N. Miami Bch, Fl.
Zip: 33142 Country	Zip: 33179 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0193587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Trojecki, Szymon
Street Address (P.O. Box Number is Not Acceptable): 1662 NE 196th Street
City: N. 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 ______________________
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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
(Extended UBR is $61.25)
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Trojeck, Szymon 1662 NE 196th Street N. MIAMI BCH, Fl. 33179	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Trojecki, Zilpa 1662 NE 196th St. N. MIAMI Beach, Fl. 33179	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #