

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

04-16-2002 90161 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017379

Entity Name
SEMINI TAX VERIFICATION, INC.

Principal Place of Business
5440 LYONS ROAD #111
COCONUT CREEK FL 33073

Mailing Address
5440 LYONS ROAD #111
COCONUT CREEK FL 33073

38542



2. Principal Place of Business
3261 Montgomery Drive
 Suite, Apt. #, etc.
Port Charlotte, Florida
 City & State

3. Mailing Address
Same as #2
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Zip
33981

Country
U.S.

Zip

Country

4. FEI Number
65-1087464

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SAKKER, SILVIA
5440 LYONS ROAD #111
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name **ROSSI, Silvia M.**
 Street Address (P.O. Box Number is Not Acceptable)
3261 Montgomery Drive
 City **Port Charlotte** FL Zip Code **33981**

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

Silvia Rossi

(NOTE: Registered Agent signature required when reinstating)

2/8/2002

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, 2002 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

TITLE ☐ Delete
 NAME **D SAKKER, SILVIA M**
 STREET ADDRESS **5440 LYONS ROAD #111**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
 NAME **D SAKKER, ANGELA M**
 STREET ADDRESS **153-29 79TH AVE #A**
 CITY-ST-ZIP **FLUSHING NY 11367**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D Rossi, Silvia M.**
 STREET ADDRESS **3261 Montgomery Drive**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE ☒ Change ☐ Addition
 NAME **D SAKKER, ANGELA M.**
 STREET ADDRESS **3261 Montgomery Drive**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

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

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

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

TITLE ☐ Change ☐ 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)(f), 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

5/5/02 941-828-8832

CP2E034 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment

38542

June 6, 2002

GEMINI TAX VERIFICATION, INC.
5440 LYONS ROAD #111
COCONUT CREEK, FL 33073

Subject: **GEMINI TAX VERIFICATION, INC.**

Reference Number: **P01000017379**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS
ANNUAL REPORTS SECTION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 27, 2002

GEMINI TAX VERIFICATION, INC.
3261 MONTGOMERY DRIVE
PORT CHARLOTTE, FL 33981

SUBJECT: ~~GEMINI TAX VERIFICATION, INC.~~
Ref. Number: P01000017379

We have received your document for GEMINI TAX VERIFICATION, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 002A00041173