

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042852

1. Entity Name

LION & GEMINI CORPORATION

Principal Place of Business

Mailing Address

4700 NW 95TH AVE 11040 NW 58TH TERR
MIAMI FL 33178-0283 MIAMI FL 33178-0283 MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1108652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOI, MISOO

4706 NW 95TH AVE

MIAMI FL 33178-0283

Name

CHOI, MISOO

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

11040 NW 58TH TERRACE

City

MIAMI

FL

Zip Code 33178

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CHOI, MISOO
STREET ADDRESS 4706 NW 95TH AVE
CITY-ST-ZIP MIAMI FL 33178-0283
☐ Delete

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

TITLE STD
NAME ZAPATA, EMILIANO
STREET ADDRESS 4706 NW 95TH AVE
CITY-ST-ZIP MIAMI FL 33178-0283
☐ Delete

TITLE
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☐ Change ☐ Addition

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 REQUIRED

4/23/02

(305) 513-0270

Date

Daytime Phone #

CR2E034 (9/01)