

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0252905 AV

04-07-2003 90144 040 ***150.00

DOCUMENT # P02000062609

1. Entity Name

GEMINIS MEDICAL EQUIPMENT, INC.



Principal Place of Business

**3660 SW 13 STREET
MIAMI FL 33145**

Mailing Address

**3660 SW 13 STREET
MIAMI FL 33145**

2. Principal Place of Business

491 Hialeah Dr

3. Mailing Address

491 Hialeah Dr

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0718783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALACIOS, FREDDY
3660 SW 13 STREET
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **FREDDY PALACIOS**
Street Address (P.O. Box Number is Not Acceptable)
491 Hialeah Dr
Suite #2
City **Hialeah** FL Zip Code **33010**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PALACIOS, FREDDY	
STREET ADDRESS	3660 SW 13 STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)