FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91500 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000071194

1. Entity Name
GEMINI VERO MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3300 SW 190TH AVE MIRAMAR, FL 33029	3300 SW 190TH AVE MIRAMAR, FL 33029

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
968 MARINA DR		968 MARINA Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON Fl		City & State: WESTON Fl	
Zip: 33327	Country: BROWARD	Zip: 33327	Country: BROWARD

4. FEI Number: 37-1443375 — ☐ 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
LEGAL INFORMATION SERVICES INC. 1290 WESTON RD, STE 300 FT LAUDERDALE, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

[illegible]

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 NAME: SLUBOWSKI, JERRY STREET ADDRESS: 3300 SW 190TH AVE CITY-ST-ZIP: MIRAMAR, FL 33029	☐ Delete	TITLE: D NAME: Slubowski Jerry STREET ADDRESS: 968 Marina Dr CITY-ST-ZIP: Weston, Fl 33327	☒ Change ☐ Addition
TITLE: D NAME: WALLERSTEIN, STEVEN STREET ADDRESS: 3300 SW 190TH AVE CITY-ST-ZIP: MIRAMAR, FL 33029	☐ Delete	TITLE: D NAME: Steve Wallerstein STREET ADDRESS: 8000 cleary Blvd Apt 803 CITY-ST-ZIP: Plantation, Fl 33324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] JERRY P. SLUBOWSKI 4-24-03 9543852987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)