

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38020

1. Entity Name

GEMINI SOUND PRODUCTS CORP.

Principal Place of Business

8-GERMAN DRIVE  
CARTERET NJ 07008  
US

Mailing Address

8-GERMAK DRIVE  
CARTERET NJ 07008  
US

2. Principal Place of Business

8 GERMAK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8 GERMAK DRIVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2339043

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRIGOYEN, SAL  
2851 EVANS ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DC	<input type="checkbox"/> Delete
NAME	CABASSO, ISAAC	
STREET ADDRESS	2053 E. 4TH ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	CABASSO, ARTIE	
STREET ADDRESS	2019 E. 2ND ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	CABASSO, ALAN	
STREET ADDRESS	1992 E. 2ND ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00

Date

732-969-9000

Daytime Phone #

FILED  
Sep 11, 2000 8:00 am  
Secretary of State

09-11-2000 90022 002 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR20034 (5/00)