

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90078 024 ***158.75

DOCUMENT # P38020

1. Entity Name
GEMINI SOUND PRODUCTS CORP.

Principal Place of Business

8 GERMAK DRIVE
CARTERET NJ 07008
US

Mailing Address

8 GERMAK DRIVE
CARTERET NJ 07008
US

2. Principal Place of Business

120 CLOVER PLACE
 Suite, Apt. #, etc. **-**

3. Mailing Address

120 CLOVER PLACE
 Suite, Apt. #, etc. **-**

City & State
EDISON NJ

Zip
08837

Country
U.S.A.

City & State
EDISON NJ

Zip
08837

Country
U.S.A.

4. FEI Number
11-2339043

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



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 **ISAAC CABASSO**
Street Address (P.O. Box Number is Not Acceptable) **19585 N.E. 10th AVENUE**
North Miami FL 33179

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

01/31/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CABASSO, ISAAC	
STREET ADDRESS	2053 E. 4TH ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CABASSO, ARTIE	
STREET ADDRESS	2019 E. 2ND ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	P	<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		
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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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
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

Date

Daytime Phone #

CR2E034 (9/01)