

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028888

1. Entity Name

GEMINI MARINE FINANCING, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90186 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3149 JOHN P. CURCI DR.  
BUILDING A. BAY 1  
PEMBROKE PINES FL 33009  
*Park*

3149 JOHN P. CURCI DR.  
BUILDING A. BAY 1  
PEMBROKE PINES FL 33009-3834  
*Park*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Pembroke Park*

City & State

*Pembroke Park*

Zip

Country

Zip

Country

4. FEI Number

65-0741689

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

MCALPIN, RICHARD J ESQ.  
80 S.W. 8 STREET  
SUITE 2805  
MIAMI FL 33130

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 \$150.00**  
**After MAY 1, 2000 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 MARTINI, NINO  
STREET ADDRESS 3149 J.P. CURCI DR. #1A1  
CITY-ST-ZIP PEMBROKE PARK FL 33009-3834 ☐ Delete

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

TITLE ~~TD~~  
NAME ~~CHANG, ALBERT~~  
STREET ADDRESS ~~3149 J.P. CURCI DR. #1A1~~  
CITY-ST-ZIP ~~PEMBROKE PARK FL 33009-3834~~ ☒ Delete

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

TITLE VD  
NAME CHAPMAN, JAMES  
STREET ADDRESS 4400 GULF SHORE BLVD. NO SPT 203  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Treasurer & Director  
NAME Kevin Martini  
STREET ADDRESS 3149 J.P. Curci Drive, #1A-1  
CITY-ST-ZIP Pembroke Park, FL 33009 ☐ 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

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:

*Nino Martini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

467/00 954-894-9811

CR2E034 (9/99)