

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 026 ***150.00

DOCUMENT # P97000028888

1. Entity Name
GEMINI MARINE FINANCING, INC.

Principal Place of Business

~~3149 JOHN P. CURCI DR.
 BUILDING A, BAY 1
 PEMBROKE PARK FL 33009~~

Mailing Address

~~3149 JOHN P. CURCI DR.
 BUILDING A, BAY 1
 PEMBROKE PARK FL 33009~~

2. Principal Place of Business

2420 DIANA DR. #101

Suite, Apt. #, etc.

3. Mailing Address

2420 DIANA DRIVE

Suite, Apt. #, etc.

101

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-0741689

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARTINI, KEVIN DR.
 3149 J.P. CURCI DR. #1A-1
 PEMBROKE PARK FL 33009~~

7. Name and Address of New Registered Agent

Name **NINO MARTINI**

Street Address (P.O. Box Number is Not Acceptable)

2420 DIANA DRIVE; STE 101

City **HALLANDALE**

FL

Zip Code

33009

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]

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, 2002 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

TITLE NAME ☐ Delete

~~PD-
 MARTINI, NINO
 3149 J.P. CURCI DR. #1A-1
 PEMBROKE PARK FL 33009-3894~~

TITLE NAME ☐ Delete

~~VD-
 CHAPMAN, JAMES
 101 SEXTANT COURT
 NEW BERN NC 28562~~

TITLE NAME ☒ Delete

~~TD-
 MARTINI, KEVIN
 3149 J.P. CURCI DRIVE #1A-1
 PEMBROKE PARK FL 33009~~

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

**D
 2420 DIANA DRIVE; STE 101
 HALLANDALE, FL 33009**

TITLE NAME ☒ Change ☐ Addition

PRES, SEC, TREAS, D

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.30.02

CR2E034 (9/01)