## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State DOCUMENT # P97000077104 1. Entity Name 09-16-2002 90104 006 \*\*\*150.00 GEMINI ORCHIDS, INC. Principal Place of Business Mailing Address 13997 S.W. 94 CIRCLE LANE #104 13997 S.W. 94 CIRCLE LANE: #104 980844 **MIAMI FL 33186** MIAMI FL 33186 1410 GRA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0788891 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MALLO, EMILIO Street Address (P.O. Box Number is Not Acceptable) 13997 S.W. 94 CIRCLE LANE #104 -MIAMI FL 33186 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 1947 the are as with the art. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1程序/ OFFICERS AND DIRECTORS 12. 11. B .... TITLE ☐ Delete NAME NAME MALLO, EMILIO STREET ADDRESS STREET ADDRESS 13997 S.W. 94 CIRCLE LANE #104 . CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change ☐ Addition ☐ Delete TITLE TITLE STV NAME NAME MALLO, TERESA STREET ADDRESS STREET ADDRESS 13997 S.W. 94 CIRCLE LANE #104 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33186 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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 of the powered.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

**SIGNATURE:** 

NAME STREET ADDRESS

☐ Defete

☐ Change

☐ Addition

A Hachment Gemini Orchids, Inc. 980844

## Grow with us!

Emilio & Terry Mallo 305-383-2139

Uniform Busines Report # \$1700077 Sept. 9,2002 NO BOX 1500 Talla hassee, FL 32302

RE: Hemini Orchids, Inc. FEI # 65-0788891

Enclosed please find, our check in the amount To Whom It May Concein: of \$150.00 for account "Hemini Oschids, Inc." I was advised by your office to send this letter stating that I have recently received This notice and did not receive the first enstier in my mailbox. A neighter of sur had received this and gave it to me. This happens quite often in our area.

Sincerely, Thank you.

Teresa Mallo