2000 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2000 08:00 AM DOCUMENT # P99000047503 1. Entity Name **Secretary of State** GEMINI TRADING INC. Principal Place of Business Mailing Address 18151 NE 31ST COURT, #305 18151 NE 31ST COURT, #305 AVENTURA FL AVENTURA FL 33160 33160 2. Principal Place of Business 3. Mailing Address 14401 SOUTH MILITARY TRAIL 14401 SOUTH MILITARY TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A105 City & State City & State 4. FEI Number Applied For DELRAY BEACH FL DELRAY BEACH FL 65-0921818 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33484 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE., STE. 900 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 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. 04/29/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition GUERRISE MATTHEW NAME GUERRISE MATTHEW STREET ADDRESS 18151 NE 31ST COURT, #305 STREET ADDRESS 14401 SOUTH MILITARY TRAIL CITY-ST-ZIP AVENTURA 33160 CITY-ST-ZIP DELRAY BEACH \mathbf{FL} 33484 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED