

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90018 042 ***150.00

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DOCUMENT # P99000050376

1. Entity Name

GEMINI VENTURES USA, INC.

Principal Place of Business

**13925 HENSON CIRCLE
TAMPA FL 33625**

Mailing Address

**13925 HENSON CIRCLE
TAMPA FL 33625**

2. Principal Place of Business

4210 US Hwy 92E
Suite, Apt. #, etc.

3. Mailing Address

4210 US Hwy 92E
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City FL

Zip

33566

Country

USA

City & State

Plant City FL

Zip

33566

Country

USA

4. FEI Number

59-3579723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, DIANNA
13925 HENSON CIR
TAMPA FL 33625**

7. Name and Address of New Registered Agent

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 *Dianna Ortiz - president - Dianna Ortiz 2/12/02*

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 **PSTD**
NAME **ORTIZ, DIANNA M**
STREET ADDRESS **13925 HENSON CIRCLE**
CITY-ST-ZIP **TAMPA FL 33625**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
NAME **ORTIZ, Dianna M**
STREET ADDRESS **4210 US Hwy 92E**
CITY-ST-ZIP **Plant City, FL 33566**

☒ Change ☐ Addition

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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: *Dianna Ortiz - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

813 695-6966

Daytime Phone #

CR2E034 (9/01)