> 2000 UNIFORM BUSINESS REPORT (UBR) THE STARY OF STATE **DOCUMENT# P99000082743** 00 OCT 17 AM 9:01 GEMINI PROFESSIONAL SERVICES, INC. Mailing Address Principal Place of Business 4030 NE 17th TERRACE 4030 NE 17th TERRACE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt.#, etc. Applied For City & State 4. FEI Number City & Stale 65-0946048 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTRO, WILLIAM G. Street Address (P.O., Box Number is Not Acceptable) 4030 NE 17th TERRACE POMPANO BEACH, FL 33064 Zio 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. 05/01/00 (NOTE:Registere Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS ICHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE DPV **DPVST** TITLE NAME CASTRO, WILLIAM G. CASTRO, WILLIAM G. STREET ADDRESS 4030 NE 17th TERRACE STREET ADDRESS 4030 NE 17th TERRACE CITY- ST- ZIP CITY-ST-ZIP POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 Change Delete TITLE TITLE 400003440394---10/26/00--01083--012 NAME CASTRO, WILLIAM G. NAME STREET ADDRESS STREET ADDRESS 4030 NE 17th TERRACE CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIF POMPANO BEACH, FL 33064 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIF Addition ☐ Delete TITLE NAME NAME STREET ADDRESS SIRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19,07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00

(954) 943-9726

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2000 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2000 P99000082743 GEMINI PROFESSIONAL SERVICES, INC.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form in the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

William G. Castro - President

Gemini Professional Services, Inc.

4030 NE 17th Terrace

Pompano Beach, FL 33064

Phone (954) 943-9726