2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 2853 N.W. 27TH AVE.

BOCA RATON FL 33434

P00000023780 DOCUMENT

Principal Place of Business

2853 N.W. 27TH AVE. **BOCA RATON FL 33434**

THE GENESIS GROUP INTERNATIONAL, INC.

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FILED Aug 25, 2003 8:00 am Secretary of State

08-25-2003 90107 003 ***550.00

08-23-2003
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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0992401 Not Applicable Zip Country αiΣ Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name FUHR. ALLAN Street Address (P.O. Box Number is Not Acceptable) 2853 N.W. 27TH AVE. **BOCA RATON FL 33434** City 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Addition TITLE ☐ Delete 9960 central Park Blud So. Ste 301 FUHR, ALLAN NAME NAME 2853 N.W. 27TH AVE. STREET ADDRESS STREET ADDRESS BOCO ROTON F1 33448 **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-7IP Change PĎ TITLE ☐ Delete TITLE 9960 central Park Blud. So. Ste 301 FUHR, LINDA ELLEN NAME **HMAN** STREET ADDRESS STREET ADDRESS 2853 N.W. 27TH AVE. BOCO ROTON F/ 33478 CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP Controller Borthick Blud So. ag60 Central Park Blud So. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 a frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachma with all other like empowered.

8/vi/03 161-852-9966 Daytime Phone #

CR2E034 (10/02)