

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 032 ***150.00

DOCUMENT # P00000065206

1. Entity Name
GENESIS ENVIROMENTAL LABORATORY CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3911 W. Waters Ave
Suite, Apt. #, etc.
Suite #5

3. Mailing Address
15804 Countrybrook St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33614 Country
USA

Zip
33624 Country
USA

4. FEI Number
52-2254977

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jerry Joyce

Street Address (P.O. Box Number is Not Acceptable)
204 N. McDILL AVE

Tpa, FLA

City
Tpa, FL Zip Code
33609

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P MAYITZA Quinones 15804 Countrybrook St. Tampa FLA 33624</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V-P Miguel Picart 6706 Chelsea Street Tampa, FL 33634</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S Mirtelina Leduc 10178 Cedar Dune Drive Tpa, FLA 33624</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MARKETING Rebecca Suliman 6716 Swane Ave. Tpa FLA 33625</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>GIS Administrator Lourdes del Rio 15804 Countrybrook St Tpa FLA 33624</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Med. Dir. CARIDAD GONZALEZ 5215 Nashville Drive Tpa FLA 33624</i>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *MAYITZA Quinones* Date: *4/29/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)