

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90568 002 ***150.00

DOCUMENT # P01000069189

1. Entity Name
GENVINE TOTAL MAINTENANCE, INC.

Principal Place of Business

4680 S.W. 153 CT
 MIAMI FL 33185

Mailing Address

4680 S.W. 153 CT
 MIAMI FL 33185

2. Principal Place of Business

3232 CORAL WAY

3. Mailing Address

P.O. Box 33283

Suite, Apt. #, etc.

SUITE # 4

Suite, Apt. #, etc.

City & State
 CORAL GABLES, FL.

City & State
 MIAMI, FL.

4. FEI Number
 65-1125553

Applied For
 Not Applicable

Zip
 33145

Country
 U.S.A.

Zip
 33283

Country
 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DE QUESADA, SERGIO~~
 4680 S.W. 153 CT
 MIAMI FL 33185

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 _____ 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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DE QUESADA, SERGIO	
STREET ADDRESS	4680 S.W. 153 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BOIX, ANTHONY	
STREET ADDRESS	4680 S.W. 153 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)