

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90398 044 ***150.00

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DOCUMENT # P01000099889



1. Entity Name
GENZMER CONSULTING & TECHNOLOGIES, INC.

Principal Place of Business
~~3201 BLUE LAGOON DR STE 100~~
~~MIAMI FL 33126~~

Mailing Address
~~3201 BLUE LAGOON DR STE 100~~
~~MIAMI FL 33126~~

2. Principal Place of Business
c/o 1177 S.E. 3rd Ave.
Suite, Apt. #, etc.

3. Mailing Address
c/o 1177 S.E. 3rd Ave.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip Country
33316

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Ft. Lauderdale, FL
Zip Country
33316

4. FEI Number **65-1157323** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GENZMER, ELISE B~~
~~3201 BLUE LAGOON DR STE 100~~
~~MIAMI FL 33126~~

Name
Jeffrey S. Wachs, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Doumar, Alliswrth, Cross, et al.
1177 S.E. 3rd Ave.
City **Ft. Lauderdale** **FL** Zip Code **33316**

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 *Jeffrey S. Wachs*

DATE **4/10/03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GENZMER, ULRICH |
| STREET ADDRESS | 3201 BLUE LAGOON DR STE 100 |
| CITY-ST-ZIP | MIAMI FL 33126 |
| 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 |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | c/o 1177 S.E. 3rd Ave. |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33316 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Ulrich Genzmer*, Director **4/4/03** (954) 762-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)