

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90184 021 ***150.00

DOCUMENT # **P95000094908**

1. Entity Name

GENESIS BUSINESS & MORTGAGE CORP.



Principal Place of Business

7220 NW 44 CT
SUITE 200A
LAUDERHILL FL 33319
US

Mailing Address

P O BOX 190638
SUITE 200A
FT LAUDERDALE FL 33319
US

2. Principal Place of Business

3. Mailing Address

4442 INVERRARY BLVD
Suite, Apt. #, etc.

4442 INVERRARY BLVD
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33319

Country
U.S.A

Zip
33319

Country
U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOBBAN, NORMAN A
7220 NW 44 CT
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

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. 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
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LOBBAN, NORMAN A	7220 N.W. 44TH COURT LAUDERHILL FL 33319	<input type="checkbox"/>
	D	LOBBAN, IVIS L	7220 N.W. 44TH COURT LAUDERHILL FL 33319	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

Daytime Phone #

CR2E034 (10/02)