

2001 UNIFORM BUSINESS REPORT (UBR)

Pa 192

DOCUMENT # PA600008874
 1. Entity Name
 GENEVIEVE FORMALS, INC.

FILED

01 MAY -3 PM 1:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 13849 SW 142 AVENUE MIAMI, FL 33186 SAME

2. Principal Place of Business SAME AS ABOVE
 3. Mailing Address SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State Zip Country
 City & State Zip Country

4. FEI Number 65-0663332 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANDREA LIEBOWITZ
 13849 SW 142 AVENUE
 MIAMI, FL 33186

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.
 SIGNATURE x *Andrea Liebowitz* DATE 4-30-01
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREA LIEBOWITZ 13849 SW 142 AVENUE MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONNIE WARSHAW 3415 OCEAN AVENUE, OCEANSIDE, NY 11572 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400004275094--9 -05/21/01--01197--009 *****300.00 *****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

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: x *Andrea Liebowitz* DATE 4-30-01 DAYTIME PHONE # 305-681-7289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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C O V E R
S H E E T

FAX

To: Reinstatement of Corp
Fax #:
Subject:
Date: April 27, 2001

COMMENTS:

Please waver the one time waver fee for reinstatement.. Apparently my form was returned to by the post office.

Please change my address in your records Genevieve Formals 13849 SW 142 Ave Miami FL 33186.

Thank you,



Andrea Liebowitz

TELEPHONE
FAX
MAY 1 2001

From the desk of...

Andrea Liebowitz

Genevieve Formals, Inc.
13851 S.W. 142 Ave.
Miami, FL 33134

305-681-7289
Fax: 305-251-3302