

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Sep 18, 2000 8:00 am
Secretary of State

06-16-2000 90111 043 ***158.75

DOCUMENT # P97000052683

1. Entity Name
GENESIS 31 GW, INC.

F

Principal Place of Business Mailing Address
 % P.O. BOX 820237 % P.O. BOX 820237
 PEMBROKE PINES FL 33082-0237 PEMBROKE PINES FL 33082

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRENNER, RICHARD M ESQ.
21 S.E. FIRST AVENUE
SUITE 800
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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, 2000 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	PVST CERDA, GILBERTO C 21 S.E. FIRST AVENUE, STE 800 MIAMI FL 33131	<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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E004 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.

SIGNATURE: _____ **4/26/00** **(954) 438 1450**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Attachment # P97000052682

Applied for EIN... OMB No. 1545-0048 108030

Form SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

(Rev. February 1998) Department of the Treasury Internal Revenue Service

1 Name of applicant (legal name) (see instructions)
Genesis 31 GVW, INC.

2 Trade name of business (if different from name on line 1)
Gilberto Cerda

3 Executor, trustee, "care of" name
(Same)

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 820237

4b City, state, and ZIP code
Pembroke Pines, FL 33082

5a Business address (if different from address on lines 4a and 4b)
(Same)

5b City, state, and ZIP code
(Same)

6 County and state where principal business is located
Broward County

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or (TIN) may be required (see instructions) ▶
Gilberto Cerda president / SSN 265-74-5471

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership Personal service corp. _____

REMIC National Guard _____

State/local government Farmers' cooperative _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ C Corp

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ _____

Trust _____

Federal government/military _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated State FLORIDA Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ C Corp

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ _____

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions) September 13, 00

11 Closing month of accounting year (see instructions) Dec. 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

14 Principal activity (see instructions) ▶ services transportation

Yes No

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? (Please check one box.)

Public (retail) Other (specify) ▶ services transportation Business (wholesale) N/A

Yes No

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ President / Gilberto Cerda

Business telephone number (include area code) 305-443-7122

Fax telephone number (include area code) 305-443-9522

Signature ▶ Gilberto Cerda / cc Date ▶ 9-13-00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Attachment # PQ 7000052 683

Form **2848**
(Rev. December 1997)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ See the separate instructions.

OMB No. 1545-0150
For IRS Use Only
Received by _____
Name _____
Telephone _____
Function _____
Date _____

Part I Power of Attorney (Please type or print.)

1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address <i>Genesis 31 GVW, Inc. P.O. BOX 820237 Pembroke Pines, FL 33082</i>	Social security number(s)	Employer identification number
	Daytime telephone number <i>305-443-7122</i>	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address <i>AURELIO A. PIEDRA, CPA 780 N.W. Le Jeune Road Suite 516 MIAMI, FLORIDA 33126</i>	CAF No. <i>6505-26445R</i>	Telephone No. <i>(305) 443-7122</i>	Fax No. <i>(305) 443-9522</i>
	Check if new: Address <input type="checkbox"/>	Telephone No. <input type="checkbox"/>	
Name and address	CAF No.	Telephone No.	Fax No.
	Check if new: Address <input type="checkbox"/>	Telephone No. <input type="checkbox"/>	
Name and address	CAF No.	Telephone No.	Fax No.
	Check if new: Address <input type="checkbox"/>	Telephone No. <input type="checkbox"/>	

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
<i>Applied for</i>	<i>SS-4</i>	<i>2000</i>

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4-Specific uses not recorded on CAF.)

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5-Acts authorized).
List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks. If you want to authorize a representative named in line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Form 2848 (Rev. 12-97)

108238

- 7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
 - a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box
 - b If you also want the second representative listed to receive a copy of such notices and communications, check this box
 - c If you do not want any notices or communications sent to your representative, check this box
- 8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.
- 9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

x Gilberto Cerda /cc. 9/13/00 President
 Signature Date Title (if applicable)

Gilberto Cerda
 Print Name


 Signature Date Title (if applicable)

 Print Name

Part II Declaration of Representative

- Under penalties of perjury, I declare that:
- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
 - I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
 - I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
 - I am one of the following:
 - a Attorney-a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant-duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent-enrolled as an agent under requirements of Treasury Department Circular No. 230.
 - d Officer-a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee-a full-time employee of the taxpayer.
 - f Family Member-a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary-enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer-an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation-Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
B	FLORIDA		9/13/00