

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90047 002 ***150.00

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DOCUMENT # P99000031191

1. Entity Name
GENESIS LIFE MANAGEMENT, INC.

Principal Place of Business Mailing Address
371 N.W. 103RD. TERRACE **371 N.W. 103RD. TERRACE**
PEMBROKE PINES FL 33026 **PEMBROKE PINES FL 33026**

00027298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 260008**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Pembroke Pines, Florida** 4. FEI Number **65-0989028** Applied For
 Not Applicable

Zip Country Zip Country 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

DEHEZA, MARIA Z
371 N.W. 103RD. TERRACE
PEMBROKE PINES FL 33026

Name **Fernando Deheza**
 Street Address (P.O. Box Number is Not Acceptable)
371 N.W. 103rd Terrace
 City **Pembroke Pines** **FL** Zip Code **33026**

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 *Fernando Deheza* DATE **3-15-2001**

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHEZA, FERNANDO	NAME	
STREET ADDRESS	371 NW 103RD TERRACE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33026	CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHEZA, MARIA Z	NAME	
STREET ADDRESS	371 NW 103 RD TERRACE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33026	CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Fernando Deheza* **Fernando Deheza** Date **3-15-2001** Daytime Phone # **954-437-7180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/0/00)