2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am P99000031191 DOCUMENT # **Secretary of State** 1. Entity Name 04-09-2002 90730 027 ***158.75 GENESIS LIFE MANAGEMENT, INC. Mailing Address Principal Place of Business P O BOX 260008 371 N.W. 103RD, TERRACE Runonara PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 MANGED TO 3. Mailing Address Some ZITZ NW 784 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit 206 ity & State Applied For City & State 4. FEI Number Dembrike 65-0989028 Not Applicable Country \$8.75 Additional 330<u>24</u> Country Zin 5. Certificate of Status Desired Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same FERNANDO DEHEZA 371 N.W. 103RD. TERRACE PEMBROKE PINES FL 33026 Zip Code 33 02 ¥ 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, typod or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax thing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) TITLE TITLE Delete only Address DEHEZA, FERNANDO NAME NAME ZITZ NW 78 H Avenue, Unit 206 Pembroke Pines, FL 33024 STREET ADDRESS 371 NW 103RD TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE DD ☐ Delete TITLE ouly Address NAME DEHEZA, MARIA Z NAME 2173 NW 784 Avenue, Unit 206 371 NW 103 RD TERRACE STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33024 PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete 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.

ernando Deheza