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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am DOCUMENT # S42243 Secretary of State 1. Entity Name THE GENEVA GROUP, INC. 02-20-2002 90050 023 \*\*\*150.00 Principal Place of Business Mailing Address 600 BRICKELL AVE. 300-A 9020 SW/8TH COURT MIAMI FL 32131 Counter 2. Principal Place of Business 3. Mailing Address 144 Brom PEN ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0248556 PONTE USONA ONTE VEDEN PSEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32082 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARDAKJY, MICHAEL BEAN PEN ROAD Street Address (P.O. Box Number is Not Acceptable) \_9020-9.W: 78TH COURT PONTE UEDNA BEACH, FL SOUTH MIAMLEL 22150 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 1 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F ☐ Delete CR2E034 (9/01) ☐ Change ☐ Addition BARDAKJY, NANCY NAME NAME 144 BE PENROAD 9020 S.W. 78TH COURT STREET ADDRESS STREET ADDRESS ONTE UEDNA BEACH, FL CITY-ST-ZIP MIAMI FL-33133 CITY-ST-ZIP TITLE TITLE Change Addition BARDAKJY, MICHAEL 144 BEAR PEN ROAD NAME NAME STREET ADDRESS 9020 S.W. 78TH COURT STREET ADDRESS PONTE USMA BOACH. MIAMI-FL 33133 CITY-ST-ZIP CITY-ST-ZIP FL- 32080 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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