

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063987

1. Entity Name

GENESIS APS INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90104 003 \*\*\*150.00

Principal Place of Business

547 W. GRANT ST.  
 ORLANDO FL 32805  
 US

Mailing Address

444 BRICKELL AVE.  
 STE. 1000  
 MIAMI FL 33131-2442

2. Principal Place of Business

3. Mailing Address

800 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 1115

City & State  
 MIAMI FL

Zip  
 33131

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0685589

Applied For

Not Applicable

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

OPPENHEIM, STEVEN P ESQ  
 444 BRICKELL AVE, STE 1000  
 MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

800 BRICKELL AVE, STE 1115

City  
 MIAMI

FL

Zip Code  
 33131

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

*Steven P. Oppenheim*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	<input type="checkbox"/> Delete
DP	BRUCE, AIDAN	ELLERBECK WAY, STOKESLEY INDUSTRIAL PARK	STOKESLEY N	<input type="checkbox"/>
V	FELLOWS, ROY	547 W. GRANT ST.	ORLANDO FL	<input type="checkbox"/>
S	OPPENHEIM, STEVEN P	444 BRICKELL AVE, STE 1000	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		800 BRICKELL AVE, STE 1115		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE:

*Steven P. Oppenheim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 305-571-8555

CR2E034 (9/99)