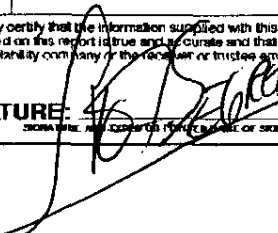


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91434 038 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30069813

DOCUMENT # L01000009086			
1. Entity Name GENENDO PURCHASING ORGANIZATION, LLC			
Principal Place of Business 9574 N.W. 41ST ST. MIAMI, FL 33178		Mailing Address 9574 N.W. 41ST ST. MIAMI, FL 33172	
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 85-1109977		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGREGO, ARNOLD 9574 NW 41ST STREET MIAMI, FL 33178		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting) DATE _____			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the declarer or trustee and subject in executing this report as required by Chapter 609, Florida Statutes.			
SIGNATURE: 		Date: 4-30-2003 305-599-2235	
SIGNATURE AND CERTIFICATION (PRINT NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) _____			

CREDES (1002)