

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760841

1. Entity Name

LAWRENCE WILLIAM GENET MEMORIAL FREE LOAN FUND,

Principal Place of Business

1255 NE 172 ST
N MIAMI BCH FL 33162

Mailing Address

1255 NE 172 ST
N MIAMI BCH FL 33162

2. Principal Place of Business

17355 NE 9 Ave

3. Mailing Address

17355 NE 9 Ave

Suite, Apt. #, etc.

NMB

Suite, Apt. #, etc.

NMB

City & State

NMB FL

City & State

NMB FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

59-2232401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENET (SANDOR F.)
150 N.W. 168TH STREET
N. MIAMI BEACH FL

7. Name and Address of New Registered Agent

Name Genet (Sandor F.)

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

99 NE 167 Street

City Miami

FL

Zip Code

33162

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

7/13/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GENET (SANDOR F.)
STREET ADDRESS 17355 N.E. 9TH AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

☐ Delete

TITLE VD
NAME GENET, (HELEN)
STREET ADDRESS 17355 N.E. 9TH AVE.
CITY-ST-ZIP N. MIAMI BEACH FL

☐ Delete

TITLE STD
NAME BECKERMAN (SHELDON)
STREET ADDRESS 1255 N.E. 172ND STREET
CITY-ST-ZIP N. MIAMI BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

7/13/00 315-651-0589