

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760841

1. Entity Name

LAWRENCE WILLIAM GENET MEMORIAL FREE LOAN FUND, ✓

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

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

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.

City & State
 NMB FL

City & State
 NMB FL

4. FEI Number

59-2232401

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GENET (SANDOR F.) 17355 N.E. 9TH AVENUE N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENET, (HELEN) 17355 N.E. 9TH AVE. N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECKERMAN (SHELDON) 1255 N.E. 172ND STREET N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

7/13/20

Date

315-657-0589

Daytime Phone #

CR2E037 (5/00)