

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90315 025 ****61.25

DOCUMENT # 760841

1. Entity Name

LAWRENCE WILLIAM GENET MEMORIAL FREE LOAN FUND,

Principal Place of Business

Mailing Address

**17355 NE 9TH AVENUE
 N MIAMI BCH FL 33162**

**17355 NE 9TH AVENUE
 N MIAMI BCH FL 33162**

2. Principal Place of Business

3. Mailing Address

19080 NE 29TH AVE

19080 NE 29TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

Zip

33180

Country

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

7. Name and Address of New Registered Agent

**GENET (SANDOR F.)
 99 NR 167TH STREET
 MIAMI FL 33162**

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/01

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

☐ Delete

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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 #

CR2E037 (10/00)