FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # E98000002720

1. Entity Name

GENESIS ENERGY GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1221 Brickell Avenue	1221 Brickell Avenue
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: US	Zip: 33131 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0830668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate Creations

Street Address (P.O. Box Number is Not Acceptable): 941 Fourth Street, #200

City: Miami FL Zip Code: 33139

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD CEO
NAME	Bernstein, Vladimir
STREET ADDRESS	405 Lexington Av. 47th Floor
CITY-ST-ZIP	New York, NY 10174
TITLE	SD
NAME	Kalimi, Jamee M.
STREET ADDRESS	1221 Brickell Ave. #900
CITY-ST-ZIP	Miami, FL 33131
TITLE	D
NAME	Roisenberg, Marat
STREET ADDRESS	405 Lexington Av. 47th Floor
CITY-ST-ZIP	New York, NY 19174
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Secretary, JAmee Kalimi 4/26/02 305-539-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #