

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016163 AF

DOCUMENT # **L00000007830**

1. Entity Name

**GENESIS DEVELOPMENT GROUP LLC**

**FILED**

01 FEB 26 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
565 EAST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

Mailing Address  
565 EAST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **05-1020782** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HASKINS, STEPHEN L**  
**565 EAST HILLSBORO BLVD.**  
**DEERFIELD BEACH FL 33441**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**P. Masi, Edward**  
**565 E. Hillsboro Blvd**  
**Deerfield Beach, FL 33441**

**700003782777-4**  
**-02/27/01--01083--018**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

*[Handwritten signature]*

11. 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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/15/2001** **954-421-4200**  
Date Daytime Phone #

CR2E083 (11/00)