

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032259 SP

DOCUMENT # L00000013678

1. Entity Name

GENESYS INVESTMENT GROUP, LLC

Principal Place of Business

2151 LEJEUNE RD., STE. 312  
CORAL GABLES FL 33134

Mailing Address

2151 LEJEUNE RD., STE. 312  
CORAL GABLES FL 33134

FILED

01 APR -2 PM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8601 S.W. 129TH TERR.

Suite, Apt. #, etc.

3. Mailing Address

8601 S.W. 129TH TERR.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33134

City & State

MIAMI, FL 33134

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OCARIZ, HIRAM CPA

2151 LEJEUNE RD., STE. 312  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

LUZ STELLA DWECK

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

8601 S.W. 129TH TERR.

City

MIAMI

FL

Zip Code

33156

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

*LuZ Stella Dweck*

JAN 29 2001

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

(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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

MEMBER ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LUZ STELLA DWECK  
8601 S.W. 129TH TERR.  
MIAMI, FL 33156

☐ Change ☐ Addition  
300003992323--7  
-04/11/01--01058--034  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*LuZ Stella Dweck*

JAN 29 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)