

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/7/02

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90390 026 \*\*\*\*50.00

**DOCUMENT # L01000016532**

1. Entity Name

**GENESIS II ASSOCIATES LLC**

Principal Place of Business

**565 EAST HILLSBORO BOULEVARD  
 DEERFIELD BEACH FL 33441**

Mailing Address

**565 EAST HILLSBORO BOULEVARD  
 DEERFIELD BEACH FL 33441**

91488

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3060460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASI, EDWARD  
 565 EAST HILLSBORO BOULEVARD  
 DEERFIELD BEACH FL 33441**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MANAGER  
 EDWARD MASI  
 565 EAST HILLSBORO BOULEVARD  
 DEERFIELD BEACH, FLORIDA 33441**

☐ Delete

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**

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

4/24/02

Date

(954) 421-4200 ext 62

Daytime Phone #

CR2E083 (9/01)