

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90009 040 \*\*\*150.00

0057943 AV

**DOCUMENT # L36195**

1. Entity Name  
**E-VEST CORP.**



Principal Place of Business <b>11111 BISCAYNE BLVD.          SUITE 615          NORTH MIAMI FL 33181-3404</b>	Mailing Address <b>11111 BISCAYNE BLVD.          SUITE 615          NORTH MIAMI FL 33181-3404</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0173461</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>COHEN, ERIC          11111 BISCAYNE BLVD.          STE. 615          MIAMI FL 33161</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD COHEN, ERIC S. 11111 BISCAYNE BLVD. 615 NORTH MIAMI FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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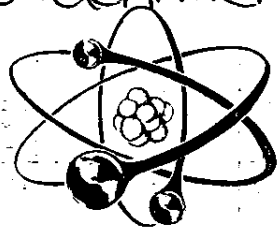
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/2001 303 8937922  
Date Daytime Phone #

CR2E034 (5/01)

Attachment D# L36195



CONFIDENTIAL

**GENIS INTL.  
CORPORATION**

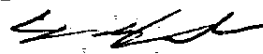
In the beginning  
... GENIS

NY 16/2001

DEAR KIND SIR OR MADAM

PLEASE CONSIDER THAT WE DID NOT  
RECEIVE YOUR FIRST NOTICE, WE HAVE  
AMOUNTS PAID ON TIME, PLEASE ACCEPT  
OR PAYMENT OF \$150.00, IN LIEU OF  
PENALTY, SINCE WE WOULD HAVE PAID  
ON TIME HAD WE RECEIVED YOUR FIRST  
NOTICE. THANK YOU FOR YOUR  
CONSIDERATION IN THIS MATTER.

TRULY YOURS

  
ERIC S. COHEN  
PRESIDENT E-VEST