

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90095 006 ***150.00

DOCUMENT # L88314

1. Entity Name

GENESIS U.S.A. CORP.

Principal Place of Business

Mailing Address

~~2335 NW 107 AVE~~

~~2335 NW 107 AVE~~

~~860~~

~~860~~

MIAMI FL 33172

MIAMI FL 33172

US

US

2. Principal Place of Business

3. Mailing Address

1221 NW 165th ST.

1221 NW 165th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33169

Country

Zip

33169

Country

4. FEI Number

65-0238422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINTERO, LUIS A.
2315 NW 107TH AVE
MIAMI FREE ZONE-B23
MIAMI FL 33172

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's 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **QUINTERO, LUIS A.**
CITY-ST-ZIP **2315 NW 107 AVE**
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4821 PINE TREE DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FLA. 33140**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **QUINTERO, NORMA**
CITY-ST-ZIP **2315 NW 107 AVE**
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4821 PINE TREE DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FLA. 33140**

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 (305) 591-3565
Date Daytime Phone #

CR2E034 (10/00)