

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006694

1. Entity Name
GENESIS GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 PM 12:45

inf 3/22/00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O HERBERT BUCHWALD, P.A.
111 SW THIRD STREET SIXTH FLOOR
MIAMI FL 33130

Mailing Address
C/O HERBERT BUCHWALD, P.A.
111 SW THIRD STREET SIXTH FLOOR
MIAMI FL 33130-1926

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

91-2001870

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

BUCHWALD, HERBERT
111 SW THIRD STREET
SIXTH FLOOR
MIAMI FL 33130

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
Herbert Buchwald, P.A.
111 S.W. 3rd St., 6th Floor
Miami, FL 33130 *MGR M* ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500003183775--5
-03/24/00--01109--001

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
7547 Partners
104 Crandon Blvd., #419
Key Biscayne, FL 33149 *MGR* ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
*****50.00 ☐ Change ☐ Addition

TITLE NAME
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TITLE NAME
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CITY - ST - ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #