

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90385 015 ***150.00

DOCUMENT # M47357

1. Entity Name
GENIS, INC.

Principal Place of Business
C/O SALO GROSFELD
14652 BISCAYNE BLVD.
NO. MIAMI FL 33181

Mailing Address
19401 W DIXIE HWY
14652 BISCAYNE BLVD.
MIAMI FL 33180
US

2. Principal Place of Business
19401 W DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **59-2777126**

Applied For
 Not Applicable

Zip Country
33180 MIAMI DADE

Zip Country

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

GROSFELD, SALO
14652 BISCAYNE BLVD.
NO. MIAMI FL 33181

New Address

Name

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

19401 W DIXIE HWY

City **MIAMI**

FL

Zip Code **33180**

8. The above named entity is authorized 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 _____

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, 2002 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 GROSFELD, SALO**
 STREET ADDRESS **14652 BISCAYNE BLVD.**
 CITY-ST-ZIP **NO. MIAMI FL**
New Address

TITLE ☐ Change ☐ Addition
 NAME **19401 W DIXIE HWY**
 STREET ADDRESS **MIAMI FL 33180**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GROSFELD, JAIME**
 STREET ADDRESS **14652 BISCAYNE BLVD.**
 CITY-ST-ZIP **NO. MIAMI FL**
New Address

TITLE ☐ Change ☐ Addition
 NAME **13390 BISCAYNE BAY DR**
 STREET ADDRESS **MIAMI FL 33181**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 another like empowered.

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

Date

Daytime Phone #

CR2E034 (9/01)