

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003997**

1. Entity Name

GENESIS COMMUNITY AWARENESS CENTER, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 2:55

Principal Place of Business

705 E 26TH ST
HIALEAH FL 33013

Mailing Address

P O BOX 3219
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

6307 Allison Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI Beach, FL

City & State

City & State

33141

Zip

Country

Zip

Country

4. FEI Number

65-0766484

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, GERARDO
582 W 64 DRIVE
HIALEAH FL 33012

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CHAVEZ, MARIA D
705 E 26TH ST
HIALEAH FL 33013TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
DV
CHAVEZ, GERARDO
705 E 26TH ST
HIALEAH FL 33013TITLE ☒ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
REITER, LINDA E
12368 NW 12 CT
PEMBROKE PINES FL 33026TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP
D
REITER, LINDA E
12388 NW 12 CT
PEMBROKE PINES FL 33026TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/01 (30) 693-3332

Date

Daytime Phone #

CR2E037 (10/00)

SEPTEMBER 21, 2001

TO: FLORIDA DEPT. of State
DIVISION of CORPORATIONS

Ref # N97000003997

Genesis Community Awareness Center, Inc.

Please accept my apology for
sending this document late,
but they were sent to the wrong
address. I had already paid
\$61.25 filing fee.

I will appreciate if you could
waive any late fees.

Thanks you so much for your
understanding. If you need to contact me
call (305) 643-3332.

Sincerely, M. Chavez

MARIA D. CHAVEZ