

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90168 044 \*\*\*150.00

DOCUMENT # 90000000 9518 ✓

1. Entity Name

Genesis Cargo Services Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6443 SW 136 Court

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami FL

City & State

4. FEI Number

65-0976907

Applied For

Not Applicable

Zip  
33183

Country  
U S A

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ENRIQUE BERRIO

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

6443 SW 136 Court

City

Miami

FL

Zip Code

33183

**DO NOT WRITE  
IN THIS SPACE**

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)

April 22, 2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

14. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD Enrique Berrio  
Enrique Berrio  
6443 SW 136 Court  
Miami FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
Enrique Berrui JR Ordonez  
6443 SW 136 Court  
Miami FL 33183

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2002

Date

305-634-1350

Daytime Phone #

CR2E034B (12/01)