

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90154 038 \*\*\*150.00

0619620

**DOCUMENT # P00000012535**

1. Entity Name  
**GENUINE, CORP.**

Principal Place of Business  
**2075 N.E. 164H ST. #512**  
**NORTH MIAMI BEACH FL 33162**

Mailing Address  
**2075 N.E. 164H ST. #512**  
**NORTH MIAMI BEACH FL 33162**

UUUJUL10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0988389**

Applied For

Not Applicable

Zip

Country

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

**CARAVILLIO, IVO DE**  
**2075 N.E. 164H ST. #512**  
**NORTH MIAMI BEACH FL 33162**

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 \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete
NAME	MATTOS, ROMULO L	
STREET ADDRESS	2075 N.E. 164H ST. #512	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FIGUEIREDO, LUIZ G	
STREET ADDRESS	2075 N.E. 164H ST. #512	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MATTOS, RENATA R	
STREET ADDRESS	2075 N.E. 164H ST. #512	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE CARVALHO, IVO	
STREET ADDRESS	2075 N.E. 164H ST. #512	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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

*Romulo Luiz Mattos (President)*

Date

Daytime Phone #

CR2E034 (10/00)