

# 2002 FORM BUSINESS REPORT (UBR)

DOCUMENT# P0000012535

1. Entity Name

GENUINE, CORP.

FILED

03 FEB 20 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

4622 N FEDERAL HWY

3. Mailing Address

4622 N FEDERAL HWY

Suite Apt. #, etc.

Suite. Apt. #. etc.

DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point, FLORIDA

City & State

Lighthouse Point, FLORIDA

4. FEI Number

65-0988389

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MATTOS, ROMULO L

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

2075 N.E. 164H ST. #512

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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 *Romulo Luis Mattos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Register Agent signature required when reinstating)

02/11/03

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTOS, ROMULO L 2075 N.E. 164H ST. #512 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000012974720 02/21/03--01111--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIGUEIREDO, LUIZ G 2075 N.E. 164H ST. #512 NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Romulo Luis Mattos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03

954 786-6009

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P00000012535**

1. Entity Name

**GENUINE; CORP.**

Principal Place of Business

Mailing Address

**4622 N FEDERAL HWY  
Lighthouse Point, FL 33064**

**4622 N FEDERAL HWY  
Lighthouse Point, FL 33064**

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

**65-0988389**

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

**MATTOS, ROMULO L**

**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: Register 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, 2003 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**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MATTOS, ROMULO L</b> <b>2075 N.E. 164H ST. #512</b> <b>NORTH MIAMI BEACH FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800012974748</b> <b>02/21/03--01111--014 **150.00</b>
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SIGNATURE: *Romulo Luiz Mattos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03 954 786-6009

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2002 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: *Filing of Uniform Business Report 2002*

**P00000012535**

**GENUINE, CORP.**

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report 2002 form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant. We are including the Annual Report from 2003 also, to certify that we still in business.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

  
Romulo Mattos - President

**GENUINE, CORP.**

4622 N Federal Hwy  
Lighthouse Point, FL 33064  
(954) 786-6009