200	02 4013 RM BUSI	NESS REP	ORT	(UBR)					
DOCUMENT# P0000012535 1. Entity Name						FILED			
GENU	INE, CORP.	· ·				03 FEB 20 AM 11: 38			
Principal Place of Business		Mailing Address				SECRETARY OF STATE TALL AHASSEE PLORIDA			
2075 N.E. 164H ST. #512		2075 N.E. 164H ST. #512				MULAHASSEE PLOF	iiDA		
NORTH MIAMI BEACH FL 33162		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 & St		City & Stale				l Number		Anation For	
Ligh Zip	thouse Point, FLORIDA	Lighthouse I				65-0988389		Applied For Not Applicab	
•	064 Country USA	Zip 33064	Count	USA	5. Ce	rtificate of Status Desired [\$8.7	5 Additional lequired	
-	6. Name and Address of Current F	Registered Agent		Nome	7. Na	me and Address of New Regis			
CARAV	ILLIO, IVO DE	Name			MATTOS, ROMULO	L			
2075 N.	E. 164H ST. #512	Street Address		ss (P 0. Bo	(P 0. Box Number is Not Acceptable) 2075 N.E. 164H ST. #512				
NORTH	NORTH MIAMI BEACH FL 33162					2070 14.2. 10411 31. #	312		
			F	City NOD			FL Zi	p Code	
8. The above	e named entity submits this statement for the	purpose of changing its reg	istered offic	NUK e or registered	anent or bo	MI BEACH	<u> </u>	3316	
	2 . /		,	o or registered	agent, or bo	iii, iii the State of Floriga.			
SIGNATURE	Signature, typed or printed tame of registered	gent and title if applicable.	(NOTE:Regis	tere Acent sinns	ture remained s	whom minerations	02/11		
9. This corn	oration is eligible to satisfy its Intangible					Allen Lettieratriitä)	DAT	E	
Tax filing requirement and elects to do so.		FILE NOW! FEE IS \$150.00 After MAY 1, 2002 Fee will be \$550.00			.	10. Election Campaign Financin	· —	\$5.00 Мау Ве	
(See criteria on back)		Make Check Payable to Department of Sta		State	Trust Fund Contribution.	LJ.	Added to Fees		
11.	OFFICERS AND D		12.		ADDI	TIONS /CHANGES TO OFFICERS	S AND DIREC	TORS IN 11	
NAME	MATTOS, ROMULO L	Delete	TITLE			Donotosa	.c. .c. (⊂ to	ange Addition	
STREET ADDRESS CITY-ST-ZIP	2075 N.E. 164H ST. #512		STREET	ADDRESS	Û	.721/0301111	l3 **15	in. on	
TITLE	NORTH MIAMI BEACH, FL 33162			r- ZiP				0.00	
NAME	FIGUEIREDO, LUIZ G	Delete	TITLE -				Ch:	ange 🔲 Addition	
STREET ADDRESS	2075 N.E. 164H ST. #512			ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY-S1	ZIP					
NAME	STD MATTOS, RENATA R	Delete	TITLE				Cha	inge Addition	
STREET ADDRESS	2075 N.E. 164H ST. #512		NAME STREET	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY- ST	- ZIP					
TITLE NAME		Oelete	TITLE				Cha	nge Addition	
STREET ADDRESS			NAME STREET ,	MPSESS					
C/TY-ST-ZiP			CITY- ST						
TITLE		☐ Delete	TITLE		···		Cha	nge Addition	
NAME STREET ADDRESS			NAME			•	_	_	
CITY-ST-ZIP			CITY-ST-	ľ					
TITLE		☐ Delete	TITLE	- -			Char	age Addition	
NAME STREET ADDRESS			NAME				المالة الس	A. Magition	
STREET ADDRESS			STREET A	DORESS					

13. 1 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 changed or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Parulo Lui Matter
SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

02/11/03

954 786-6009

DOC 1. Entity I	UMENT# P0000001						
GENU	INE, CORP.						
Principal F	Place of Business	Mailing Address					
4622 N FEDERAL HWY		4622 N FEDERAL HWY					
Lighthouse Point, FL 33064 2. Principal Place of Business		Lighthouse Point, FL 33064 3. Mailing Address					
					·		
Suite Apt.#. etc,		Suite. Apt. #. etc.			DO NOT WRITE IN THIS COACE		
City & State		City & State			DO NOT WRITE IN THIS SPACE		
				_ '	4. FEI Number 65-0988389	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Fee Req	Additional	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent		
MATTOS, ROMULO L			Name				
2075 N.E. 164H ST. #512			Street A	ddress (P 0). Box Number is Not Acceptable)		
NORTH	I MIAMI BEACH FL 33162						
			City		FL Zip C	Code	
8. The above	e named entity submits this statement for the	purpose of changing its regi:	stered office or regis	lered agent.			
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE:Registere Agent	signature requ	uired when reinstating) DATE	<u> </u>	
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 Sta		50.00	10. Election Campaign Financing \$5 Trust Fund Contribution. Add	.00 May Be ded to Fees	
11.	OFFICERS AND DI		12.		L ADDITIONS /CHANGES TO OFFICERS AND DIRECTO	PRS IN 11	
TITLE NAME STREET ADDRESS	PD MATTOS, ROMULO L	☐ Delete	TITLE NAME	- " -	BOOD 1292424	e Addition	
CITY-ST-ZIP	2075 N.E. 164H ST. #512 NORTH MIAMI BEACH FL 33162		STREET ADDRESS CITY-ST-ZIP		02/21/0301111014 **150.	100	
TITLE	VPD	☐ Delete	TITLE		Change	Addition	
NAME STREET ADDRESS	FIGUEIREDO, LUIZ G 2075 N.E. 164H ST. #512		NAME STREET ADDRESS			_	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP				
TITLE NAME	STD	Delete	TITLE		Change	Addition	
STREET ADDRESS	MATTOS, RENATA R 2075 N.E. 164H ST. #512		NAME STREET ADDRESS			_	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	<u>.</u>	CITY- ST- ZIP		`		
		☐ Defete	TITLE		Change	Addition	
			NAME				
AME			1 1				
AME TREET ADDRESS			STREET ADDRESS CITY- ST- ZIP				
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TREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	STREET ADDRESS CITY- ST- ZIP TITLE NAME		Change	Addition	
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TTLE TREET ADDRESS TTY-ST-ZIP TTLE AME TREET ADDRESS TTY-ST-ZIP TTLE AME TREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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 Kuy Maros

Romulo Mattos - President

GENUINE, CORP.

4622 N Federal Hwy

Lighthouse Point, FL 33064

(954) 786-6009