

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-21-2001 90409 009 ***150.00

DOCUMENT # **P00000038772**

1. Entity Name

Data Genesis, Inc.

Principal Place of Business
11309 SW 147th Place
Miami, FL 33196

Mailing Address
11309 SW 147th Place
Miami, FL 33196

2. Principal Place of Business
15262 SW 113th Terr

3. Mailing Address
15262 SW 113th Terr

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33196

Country
USA

Zip
33196

Country
USA

4. FEI Number
65 100 9755

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Pete Falcon
11309 SW 147th Place
Miami, FL 33196

7. Name and Address of New Registered Agent
 Name **Pete Falcon**
 Street Address (P.O. Box Number is Not Acceptable)
15262 SW 113th Terr
 City **Miami** FL Zip Code **33196**

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 **Pete Falcon** DATE **4/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pete Falcon		NAME	Pete Falcon	
STREET ADDRESS	11309 SW 147th Place		STREET ADDRESS	15262 SW 113th Terr	
CITY-ST-ZIP	Miami, FL 33196		CITY-ST-ZIP	Miami, FL 33196	
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginie Falcon		NAME	Virginie Falcon	
STREET ADDRESS	11309 SW 147th Place		STREET ADDRESS	15262 SW 113th Terr	
CITY-ST-ZIP	Miami, FL 33196		CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pete Falcon** DATE **4/23/2001** (305) 387-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)