

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

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90176 040 \*\*\*150.00

DOCUMENT # P00000038776

1. Entity Name

Data Genesis, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16155 SW 117<sup>th</sup> Avenue

Suite, Apt. #, etc.

B-2

City & State

Miami FL

Zip

33177

Country

USA

3. Mailing Address

16155 SW 117<sup>th</sup> Avenue

Suite, Apt. #, etc.

B-2

City & State

Miami FL

Zip

33177

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-100-9755

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Pete Falcon

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

16155 SW 117<sup>th</sup> Avenue Suite B-2

City

Miami

FL

Zip Code

33177

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) ☒

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Pete Falcon  
16155 SW 117<sup>th</sup> Avenue, Suite B-2  
Miami, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Virginie Falcon  
16155 SW 117<sup>th</sup> Avenue, Suite B-2  
Miami, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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:

*Pete Falcon*

Pete Falcon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2002

Date

(786) 293-9191

Phone Number

CR2E034B (12/01)