

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 032 ***150.00

DOCUMENT # P00000065206

1. Entity Name

GENESIS ENVIROMENTAL LABORATORY
CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3911 W. Waters Ave

Suite, Apt. #, etc.

Suite #5

3. Mailing Address

15804 Countrybrook St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

52-2254977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33614

USA

33624

USA

7. Name and Address of Current Registered Agent

Name

Jerry Joyce

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

204 N. McDILL AVE

Tpa, FLA

City

FL

Zip Code

33609

**DO NOT WRITE
IN THIS SPACE**

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

P
MARITZA Quinones
15804 Countrybrook St.
Tampa FLA 33624

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

V-P
Miguel Picart
6706 Chelsea Street
Tampa, FL 33634

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

S
Myrtelina Leduc
10178 Cedar Dune Drive
Tpa, FLA 33624

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

MARKETING
Rebecca Suliman
6716 Swane Ave.
Tpa FLA 33625

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

US Administrator
Lourdes del Rio
15804 Countrybrook St
Tpa FLA 33624

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

Med. Dir.
CARIDAD Gonzalez
5215 Nashville Drive
Tpa FLA 33624

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)