

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90096 016 ***150.00

DOCUMENT # P0000065700

1. Entity Name
GENLIN, INC. OF AVENTURA

Principal Place of Business
**17931 BISCAYNE BLVD.
 AVENTURA FL 33160**

Mailing Address
**17931 BISCAYNE BLVD.
 AVENTURA FL 33160**



2. Principal Place of Business
4473 N. UNIVERSITY DR
 Suite, Apt. #, etc.

3. Mailing Address
4473 N. UNIVERSITY DRIVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL - FL

City & State
LAUDERHILL, FL

4. FEI Number **65-1036700**

Applied For
 Not Applicable

Zip **33351** Country **U.S.A**

Zip **33351** Country **U.S.A**

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

6. Name and Address of Current Registered Agent

**GENTILE, MARIO
 17931 BISCAYNE BLVD.
 AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name **GENTILE MARIO**
 Street Address (P.O. Box Number is Not Acceptable)
4473 N. UNIVERSITY DR.
 City **LAUDERHILL** FL Zip Code **33351**

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 _____ (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)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P.	GENTILE, MARIO	17931 BISCAYNE BLVD	MIAMI FL 33160	<input checked="" type="checkbox"/>
	VPST	LINA, MALKA	17931 BISCAYNE BLVD	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	GENTILE MARIO	VPST,	4473 N. UNIVERSITY DR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			LAUDERHILL FL, 33351	<input type="checkbox"/>	<input type="checkbox"/>
	P.	PAOLA GENTILE	4473 N. UNIVERSITY DR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			LAUDERHILL, FL. 33361	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Paola Gentile _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)