

2001. UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90641 033 ***150.00

C0069768

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000078788			
1. Entity Name GENOA DEVELOPERS, INC. ✓			
Principal Place of Business 1393 SW 1st Street Suite 300 Miami, Florida 33135		Mailing Address 1393 SW 1 Street suite 300 Miami, Florida 33135	
2. Principal Place of Business 1001 Brickell Bay Drive Suite, Apt. #, etc. Suite 1704		3. Mailing Address 1001 Brickell Bay Drive Suite, Apt. #, etc. Suite 1704	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

6. Name and Address of Current Registered Agent Manuel A. Ramirez 1200 Brickell Avenue Suite 1440 Miami, FL 33031		7. Name and Address of New Registered Agent Name: Santiago J. Padilla, P.A. Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Drive Suite 1704 City: Miami FL Zip Code: 33131	
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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 Santiago J. Padilla Santiago J. Padilla, P.A., President 4/25/01
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) <input type="checkbox"/>	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. — <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hugo J. Canessa 1393 SW 1st Street, suite 300 Miami, Florida 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hugo J. Canessa 1001 Brickell Bay Drive, suite 1704 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Francesco Cimato 1393 SW 1st Street, suite 300 Miami, Florida 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Francesco Cimato 1001 Brickell Bay Drive, suite 1704 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Francesco Cimato 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)