2002 Uniform Business Report (UBR)

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SIGNATURE:

Mar 26, 2002 8:00 am 3 Secretary of State DOCUMENT # P00000078788 1. Entity Name GENOA DEVELOPERS, INC. 03-26-2002 90054 022 ***150.00 Principal Place of Business Mailing Address 1001 BRICKELL BAY DRIVE-1001 BRICKELL BAY DRIVE SUITE 1704" GUITE-1704 -MIAMI-FL 33131 MIAMI FL: 93191 2. Principal Place of Business 3. Mailing Address 1001 Brickell Bay Drive 1001 Brickell Bay Drive Suite, Apt. #, etc. Svite 1704 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1704 City & State Miami , Florida City & State 4. FEI Number Applied For Miami, Florida APPLIED FOR 65-110476B Not Applicable Zip 33131 Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Santiago J. Padilla. PADILLA; SANTIAGO J P.A. Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE **SUITE 1704** Suite 1704 **MIAMI FL 33131** Zip Code 3313 City Miami 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 SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE PD TITLE ☐ Change ☐ Addition Delete NAME CANESSA, HUGO J NAME STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE 1704 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITLE ☐ Delete TITLE Change ☐ Addition VDST NAME NAME CIMATO, FRANCESCO STREET ADDRESS STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE 1704 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #

FILED