

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088518

1. Entity Name

GENEXE INTERNATIONAL, INC.

Principal Place of Business

2450 N. POWERLINE ROAD
SUITE 26
POMPANO BEACH FL 33069

Mailing Address

2450 N. POWERLINE ROAD
SUITE 26
POMPANO BEACH FL 33069

2. Principal Place of Business

5090 Coconut Creek Pkwy
Suite, Apt. #, etc.

3. Mailing Address

5090 Coconut Creek Pkwy
Suite, Apt. #, etc.

City & State

MARGATE FL

Zip 33063

Country USA
BROWARD

City & State

MARGATE FL

Zip 33063

Country USA

4. FEI Number

65-1041235

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAY, TONYA
2450 N. POWERLINE ROAD
SUITE 26
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name TONYA DAY
Street Address (P.O. Box Number is Not Applicable)
5090 COCONUT CREEK PKWY
City MARGATE FL Zip 33063

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)

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.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	TONYA DAY	
STREET ADDRESS	8901 SW 18th ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Dorothy S. TUTTLE	
STREET ADDRESS	2908 CARAMBOLA CIR S. #13403	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tonya L Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/01
Date

954-979-5317
Daytime Phone #

0135582

CR2E034 (10/00)