

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

DOCUMENT #

1. Entity Name

GEN RAZ, INC.
PO100008164

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3500 East Ocean Dr
Suite, Apt. # etc.
809

3. Mailing Address

3500 East Ocean Dr
Suite, Apt. # etc.
809

4. City & State
Fort Lauderdale

City & State

Fort Lauderdale, FL

Zip
33308

Country
/

Zip
33308

Country

4. FEI Number

800036792

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RALPH ANDREA

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

3500 East Ocean Dr #809
Fort Lauderdale, FL

City

FL
33308

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 re-registering)

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

EGENIE MORICONI
3015 N OCEAN BL #3
FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

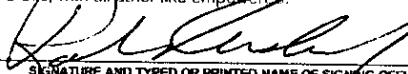
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RALPH ANDREA
3500 East Ocean Dr
Fort Lauderdale, FL 33308

TITLE
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 on an attachment with an address, with all other like empowerments.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)