

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90301 022 ***150.00

DOCUMENT # P01000054562

1. Entity Name

GENESIS PROPERTY SOLUTIONS, INC.

Principal Place of Business

**C/O IGNACIO E. ARANGO, P.A.
 201 ALHAMBRA CIRCLE #500
 CORAL GABLES FL 33134**

Mailing Address

**C/O IGNACIO E. ARANGO, P.A.
 201 ALHAMBRA CIRCLE #500
 CORAL GABLES FL 33134**

2. Principal Place of Business

P.O. BOX 143380

3. Mailing Address

P.O. BOX 143380

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33114

Country

USA

Zip

33114

Country

USA

4. FEI Number

65-1110998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARANGO, IGNACIO E ESQ.
 201 ALHAMBRA CIRCLE
 SUITE 500
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

JOSEPH E. BOBER, ESQ.

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

**8603 SOUTH DIXIE HIGHWAY
 SUITE 302**

City

MIAMI

FL

Zip Code

33143

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.

JOSEPH E. BOBER, ESQ.

4/30/02

(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	<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	
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 checked="" type="checkbox"/> Addition
NAME	CHAIRMAN, TREASURER, DIRECTOR
STREET ADDRESS	JOSEPH BOBER
CITY-ST-ZIP	8603 SOUTH DIXIE HIGHWAY, #302
	MIAMI, FL 33143
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	JOSEPH E. BOBER
CITY-ST-ZIP	8603 SOUTH DIXIE HIGHWAY, #302
	MIAMI, FL 33143
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VC/S/D
STREET ADDRESS	JUANA BOBER
CITY-ST-ZIP	8603 SOUTH DIXIE HIGHWAY, #302
	MIAMI, FL 33143
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	

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:

SIGNATURE REQUIRED JOSEPH E. BOBER

4/30/02 (100) 251-9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)