## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000091484 **DOCUMENT #**

1. Entity Name

GENESIS DIVERSIFIED, INC.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91288 047 \*\*\*150.00

Principical Place of Business P O 80X 82355 MAM FL 32283						OD HE I					
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Zip Country Zip Country Sips Country Sips Country Sips Country Signature and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) 7. Name and Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) 7. Name and Address (P.O. Box Number is Not Accep	Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
RBEIRO, ELISA 11100 SW 156TH ST MIAMI FL 33157  8. The above named entity submits this statement for the purpose of changing its registered depend upon and title if application.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 200	City & Stat	te		Cit	City & State			65-1137976	<del></del>		
RIBEIRO, ELSA 11100 SW 156TH ST MIAMI FL 33157  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. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zip Code	Zip		Country	Zij	)	Country	<b>5.</b> Ce	ertificate of Status Desired			
RIBEIRO, ELISA 11100 SW 156TH ST MIAMI FL 33157    City   FL   Zip Code		6. Name	and Address	of Current Registe	red Agent		7. Na	ame and Address of New Regist	ered Agent		
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MIAMI FL 33157  City FL Zip Code  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 Arter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  NAME STREET ADDRESS OITY-ST-ZIP  TITLE NAME STREET ADDRESS OITY-ST-ZIP STR						Street Add	Street Address (P.O. Box Number is Not Acceptable)				
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12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**