

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90286 036 ***558.75

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DOCUMENT # P02000032386

1. Entity Name
GENUITY REALTY SERVICES, INC.



Principal Place of Business
**11430 NORTH KENDALL DRIVE
SUITE 103
MIAMI FL 33176**

Mailing Address
**11430 NORTH KENDALL DRIVE
SUITE 103
MIAMI FL 33176**



2. Principal Place of Business
11420 North Kendall DR.

3. Mailing Address
11420 No. Kendall DR.

Suite, Apt. #, etc.
Ste 110

Suite, Apt. #, etc.
Ste 110

City & State
Miami, FL.

City & State
Miami FL

4. FEI Number
030422028

Applied For
Not Applicable

Zip
33176

Country
USA

Zip
33176

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAZQUEZ-GARCIA, CRISTINA
14947 SW 158TH COURT
MIAMI FL 33196**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **VAZQUEZ-GARCIA, CRISTINA**
STREET ADDRESS **14947 SW 158TH COURT**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03 305 596 4112

Date Daytime Phone #

CR2E034 (10/02)