

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0015230 AV

DOCUMENT # P02000064131

1. Entity Name
GENESIS PIZZA CORPORATION



FILED

03 JUN 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
742 HUNT CLUB TRAIL
PORT ORANGE FL 32187

Mailing Address
742 HUNT CLUB TRAIL
PORT ORANGE FL 32187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
03-0455608

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, JOSE L
742 HUNT CLUB TRAIL
PORT ORANGE FL 32187

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 *[Signature]* DATE 5-1-03
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	President Jose L. Cruz 742 Hunt Club Tr. Port Orange, FL 32187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Glenda Cruz 742 Hunt Club Tr. Port Orange, FL 32187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800021465228 07/10/03--01064--031 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800021465228 07/10/03--01064--032 ***26.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 (386) 786-3564
Date Daytime Phone #

CR2E034 (10/02)

Attachment

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June 24, 2003

Department of State
Division of Corporations
P.O.Box 1500
Tallahassee Fl. 32302

Document No: P97000057347
P01000056880
P02000064131

Dear Sir or Madam:

Enclosed is the 2003 Uniform Business Reports for my three companies:
C & H Pizza Co., J & G Pizza Co. and Genesis Pizza Co.

My health, this last six months, has been pretty bad, which made me be out of my business all this time. As soon I came back I realize that I do not do my reports and they are late.

I would like to present under your consideration, if possible, if you can excuse the penalties for my mistake. This is the first time something like this happens to me. The uncertainty of my health problem, at this day they still doing tests to determine exactly why I'm sick, the excessive medical expenses and the critical economic condition make it really hard to pay the penalties.

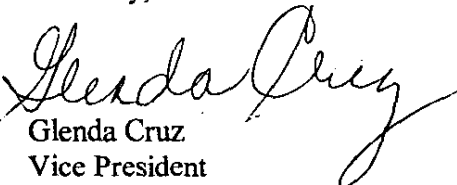
I would appreciate whatever if possible for you to do.

I'm sending the three reports, two checks with the fees and one check with the three certificates.

Also copy of the hospitalization check out.

If you need more information please call (386) 756-3564.

Cordially,


Glenda Cruz
Vice President