

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 008 ***150.00

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

DOCUMENT # P02000113218																													
1. Entity Name GENESIS DIVICES & EQUIPMENT, INC.																													
Principal Place of Business 1325 NE 93 COURT SUITE #B 114 MIAMI, FL 33172			Mailing Address 1325 NE 93 COURT SUITE #B 114 MIAMI, FL 33172																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
5. Name and Address of Current Registered Agent DE SOUZA, HAROLDO 1325 NE 93 COURT SUITE #B 114 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FLZip Code																									
4. FEI Number <u>27-0034332</u> ☐ Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 4, 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																										
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;">PT MARTINS, MARIO S ☐ Delete 1325 NE 93 COURT SUITE #B114 MIAMI, FL 33172</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VSD BORGHT, CLAUDIO ☐ Delete 1325 NE 93 COURT SUITE #B114 MIAMI, FL 33172</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARTINS, MARIO S ☐ Delete 1325 NE 93 COURT SUITE #B114 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORGHT, CLAUDIO ☐ Delete 1325 NE 93 COURT SUITE #B114 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 70%;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04-28-03. Date Daytime Phone #																									

CRE034 (10/02)