**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P93000047361  1. Entity Name GENESIS PARTNERS, INC.						Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90175 012 ***150.00			
C/OHIKSON 3300 PGA BL PALM BEACH US	ce of Business MASIN ED .AL .VD STE 810 I GARDENS FL 33410 Place of Business	Mailing Address C/OHIKSON MASIN ED .AL 3300 PGA BLVD STE 810 PALM BEACH GARDENS FL 33410 US 3. Mailing Address							
Suite, Apt.		3801 PGA Blvd, Suite, Apt. #, etc. 806			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State  Adm Beach (	Country	15 FL	4.	FEI Number 65-0426316		Applied For lot Applicable	]
334		- 33410 -	us	<del> </del>	5.	Certificate of Status Desired	Fee Requir		
	6. Name and Address of Current R	egistered Agent		•	7. 1	Name and Address of New Registere	d Agent		
3300 PG/ STE 810	•			3801 P	<u> </u>	DeSanctis Box Number is Not Acceptable) Acin, DeSanctis + Blvd, Suite 806	Company	P.A.	
PALM BE	ACH GARDENS FL 33410		С	Falm &	)	ch coardens F	Zip Co		1
8. The above	named entity submits this statement for the stat	CPA	sgistered o	ffice or registe	red ag	pent, or both, in the State of Florida.	5/02	<u> </u>	<b>-</b>
Tax filling ( (See crite)	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			te	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFICERS A		-	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Delete SOKOLOW, LEONARD J 3300 PGA BLVD - #810 PALM BEACH GARDENS FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP STATE STAT		© Change ☐ Addition of PGA Blvd., Suite &Ob IM Beach Garagens PL 33410				2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-Z	ORESS	<b>→</b> · <b>=</b>	on the second	☐ Change	Addition	5
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z				☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	4			☐ Change	Addition	
13. I hereby of indicated of the corp	pertify that the information supplied with the on this report or supplemental report is trupperation or the receiver or trustee empower.	is filing does not qualify for the ue and accurate and that my ered to execute this report as	u e exemptio	nn stated in Se	ction 1 same k	119.07(3)(i), Florida Statutes. I further c egal effect as if made under oath; that da Statutes; and that my name appears	ertify that the it am an office in Block 11 o	nformation r or director r Block 12 if	