

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90168 043 ***150.00

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DOCUMENT # P93000047361

1. Entity Name
GENESIS PARTNERS, INC.



Principal Place of Business

3801 PGA BLVD
806
PALM BEACH GARDENS FL 33410
US

Mailing Address

3801 PGA BLVD
806
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

2458 Provence Ct.
Suite, Apt. #, etc.

3. Mailing Address

2458 Provence Ct.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-0426316

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE SANCTIS, PETER V
HIXSON, MARIN, DESANCTIS & CO. P.A.
3801 PGA BLVD, SUITE 806
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(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

TITLE PSTD
NAME SOKOLOW, LEONARD J
STREET ADDRESS 3801 PGA BLVD, SUITE 806
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SOKOLOW, LEONARD J
STREET ADDRESS 2458 Provence Ct.
CITY-ST-ZIP Weston FL 33327

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.2.03 954.384.7800

CR2E034 (10/02)