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

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90103 031 \*\*\*150.00

**DOCUMENT #** P94000087643

1. Entity Name

GENESIS BUS SERVICE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1957 NE 177th Street

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NORTH MIAMI BEACH, FL

City & State

4. FEI Number  
79 65-0538084

Applied For  
Not Applicable

Zip  
33162

Country  
Miami Dade

Zip  
Country

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

7. Name and Address of Current Registered Agent

Name DEVON BOGLE

Street Address (P.O. Box Number is Not Acceptable)

1957 NE 177 ST

City N. MIAMI BEACH

FL

Zip Code 33162

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDST  
BOGLE, Devon  
1957 NE 177th Street  
N MIAMI, FL. 33162

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEVON BOGLE

04/30/2002

Date

Daytime Phone #

305-956-2839

CR2E034B (12/01)