## **FILED** May 28, 2002 8:00 am Secretary of State

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DOCUMENT # P94000093261 04-10-2002 90651 021 \*\*\*150.00 1. Entity Name GENESIS AUTO BROKERS INC. Principal Place of Business Mailing Address 11225: U.S. 92 EAST 435 KENSIGTON LAKE CIR SEFFNER FL 33584 BRANDON FL 33511 3. Mailing Address
PO. BUY 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 59-3301378 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 156000 W Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ramon Pabon
Street Address (P.O. Box Number is Not Accompble) PABON RAMONTA 435 KENSINGTON LAKE CIRCLE 2001 BERRY LAKE DR BRANDON FL 33511 -3351.0 8. The above named entity submits this statement the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jour SIGNATURE (NOTE: Registered Agent aignature required when rainstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) M Addition TITLE □ Delete TITLE PABON, RAMON A NAME NAME 20 Box 1957 CR2E034 435 KENSINGTON LAKE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Change TILE Delete TITLE ☐ Addition NAME NAME VILLANUEVA, SYLVIA V STREET ADDRESS STREET ADDRESS 435 KENSINGTON LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** TITLE Change ☐ Addition TID F ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the Information supplied with this filling 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 Block 12 is changed, or on an attachment with an aggress, with all other lines empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR