

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90019 006 \*\*\*150.00

**B0018645**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000021373**

**1. Entity Name**  
**GENOVESE-BRANDT & ASSOCIATES, INC.**

<b>Principal Place of Business</b> ST CHARLES WAY BOCA RATON FL 33434	<b>Mailing Address</b> 4205 ST CHARLES WAY BOCA RATON FL 33433-6785 US
---	---

<b>2. Principal Place of Business</b> 5820 N. FED. HWY Suite, Apt. #, etc. Suite D4 City & State BOCA RATON, FL Zip 33487 Country PALM BCH	<b>3. Mailing Address</b> 5820 N. FED. HWY Suite, Apt. #, etc. Suite D4 City & State BOCA RATON, FL Zip 33487 Country PALM BCH
---	---

<b>4. FEI Number</b> 65-0566916	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
--

**6. Name and Address of Current Registered Agent**  
 PRITNZ-BRANDT, MARGO  
 4205 ST CHARLES WAY  
 BOCA RATON FL 33434  
*see below for address change*

**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.**

**SIGNATURE** *Margo Brandt*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAU GENOVESE		NAME	BEAU GENOVESE	
STREET ADDRESS	3481 POINCIANA AVE		STREET ADDRESS	1217 ALGARDI	
CITY-ST-ZIP	COCONUT GROVE FL		CITY-ST-ZIP	OF Coral Gables, FL 33146	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGO BRANDT		NAME	MARGO BRANDT	
STREET ADDRESS	4205 ST. CHARLES WAY		STREET ADDRESS	3628 CO. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	Highland Bch, FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Margo Brandt*  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date *02/08/00* (561) 981-8300  
 Daytime Phone #

CR2E034 (9/99)