

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90821 039 ***150.00

DOCUMENT # P95000042116

1. Entity Name
BUSINESS GENESIS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 221350
HOLLYWOOD FL 33022

P.O. BOX 221350
HOLLYWOOD FL 33022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2500 N. Federal Hwy
Suite 100

2500 N Federal Hwy
Suite 100

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip
33305

Country
US

Zip
33305

Country
US

4. FEI Number 65-0603439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOWELL, LYNNE HAMPTON
4211 ROOSEVELT STREET
HOLLYWOOD FL 33021

Name Daniel A. Jacobson, PA

Street Address (P.O. Box Number is Not Acceptable)
2500 N. Federal Hwy

Suite 100

City Ft. Lauderdale FL Zip Code 33305

8. The above named e 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HAMPTON, LYNNE
STREET ADDRESS P.O. BOX 221350
CITY-ST-ZIP HOLLYWOOD FL 33022 ☐ Delete

TITLE PD
NAME Lynne Hampton
STREET ADDRESS 2500 N. Federal Hwy #2500
CITY-ST-ZIP Ft. Lauderdale, FL 33305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

Date

305 345 8310

Daytime Phone #

CR2E034 (10-00)