

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000065334**

1. Entity Name

Jenericorp, Inc.
7456 SW 115 Court
Miami, FL 33173

Principal Place of Business

7456 S.W. 115th Court
Miami, FL 33019

Mailing Address

7456 S.W. 115 Court
Miami, FL 33019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0603620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Lawrence J. Shaw
7456 S.W. 115 Court
Miami, FL 33173

7. Name and Address of New Registered Agent

Name Jennifer Shaw

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

1401 University Drive Suite 301

City Coral Springs

FL

Zip Code 33071

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.

Jennifer Shaw

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/01

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

TITLE VP
NAME Jennifer Jacobs ☐ Delete
STREET ADDRESS 7465 SW 115th Court Drive
CITY-ST-ZIP Miami, FL 33173

TITLE S
NAME Elicene Shaw ☐ Delete
STREET ADDRESS 7456 SW 115 Court
CITY-ST-ZIP Miami, FL 33173

TITLE ☒ Delete
NAME Lawrence J. Shaw
STREET ADDRESS 4674 SW 153 Court
CITY-ST-ZIP Miami, FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition
NAME Jennifer Shaw
STREET ADDRESS 1401 University Dr. #301
CITY-ST-ZIP Coral Springs, FL 33071

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Shaw, vice-president 3/26/01

Date

Daytime Phone #

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90076 041 ***150.00

A0039710

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)