2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000008467

1. Entity Name

GENESIS CONSULTING & SERVICES, INC.

FILED
00 AUG -1 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/24/00 900013/026 $150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1179-1181 71st Street	1179-1181 71st Street
... BEACH, FL 33141	MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
Suite Apt.#, etc,	Suite, Apt. #. etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **65-0636658** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCISCO, DANIEL D
2000 ISLAND BLVD 2803
WILLIAMS ISLAND, FL 33160

7. Name and Address of New Registered Agent

Name: DA SILVA, FRANCISCO D.
Street Address (P O. Box Number is Not Acceptable): 1179-1181 71st Street
City: MIAMI BEACH FL Zip Code 33141

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 ______ 05/01/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 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, 2000 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	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DA SILVA, FRANCISCO D.		NAME	
STREET ADDRESS	2000 ISLAND BLVD 2803		STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DA SILVA, LIDIA F.		NAME	
STREET ADDRESS	2000 ISLAND BLVD 2803		STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 05/01/00 (954) 450-4847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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