

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000008467

1. Entity Name

GENESIS CONSULTING & SERVICES INC

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90631 006 ***150.00

Principal Place of Business

Mailing Address

1179-1183 71 ST.
MIAMI BEACH, FL 33141

C0069295

2. Principal Place of Business

3929 N FEDERAL HWY

3. Mailing Address

Same

Suite Apt. #, etc.

Suite Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

City & State

4. FEI Number

65-0636658

Applied For

Not Applicable

Zip

33064

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, FRANCISCO

1179-1183 71 ST.

MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

3929 N FEDERAL HWY

City

Pompano Beach

FL

Zip Code

33064

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]
Signature, typed or printed name of registered agent and title if applicable.

DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

05/01/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DA SILVA, FRANCISCO D	
STREET ADDRESS	2000 ISLAND BLVD, SUITE 2803	
CITY-ST-ZIP	WILLIAM ISLAND, FL 33160	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DA SILVA, LIDIA F	
STREET ADDRESS	2000 ISLAND BLVD, SUITE 2803	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, FRANCISCO D	
STREET ADDRESS	3929 N FEDERAL HWY	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, LIDIA F.	
STREET ADDRESS	3929 N FEDERAL HWY	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(1), 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01

Date

(954) 725-4600

Daytime Phone #