2002 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2002 8:00 am Secretary of State P96000046834 DOCUMENT # 08-08-2002 90093 030 ***550.00 **GENARO'S CORPORATION** Principal Place of Business Mailing Address 705 S.W. 88TH TERRACE 11 N.E. 3RD ST PLANTATION FL 33324 POMPANO BEACH FL 33060 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0677830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPINAL, GENARO Street Address (P.O. Box Number is Not Acceptable) 705 S.W. 88TH TERRACE PLANTATION FL 33324 Zip Code office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002: Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE ESPINAL, GENARO NAME STREET ADDRESS STREET ADDRESS 705 S.W. 88TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME ESPINAL, JUDITH STREET ADDRESS STREET ADDRESS 705 S.W. 88TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 em

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

Change

Addition