

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90104 003 ***150.00

DOCUMENT # P96000063987

1. Entity Name
GENESIS APS INC.

Principal Place of Business

547 W. GRANT ST.
 ORLANDO FL 32805
 US

Mailing Address

444 BRICKELL AVE.
 STE. 1000
 MIAMI FL 33131-2442

2. Principal Place of Business

3. Mailing Address

800 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 1115

City & State
MIAMI FL

Zip
33131

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0685589**

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

OPPENHEIM, STEVEN P ESQ
~~444 BRICKELL AVE, STE 1000~~
MIAMI FL 33145

Name

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

800 BRICKELL AVE, STE 1115

City **MIAMI** FL Zip Code **33131**

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 *Steven P Oppenheim*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	DP	<input type="checkbox"/> Delete
NAME	BRUCE, AIDAN	
STREET ADDRESS	ELLERBECK WAY, STOKESLEY INDUSTRIAL PARK	
CITY-ST-ZIP	STOKESLEY N	
TITLE	V	<input type="checkbox"/> Delete
NAME	FELLOWS, ROY	
STREET ADDRESS	547 W. GRANT ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	OPPENHEIM, STEVEN P	
STREET ADDRESS	444 BRICKELL AVE, STE 1000	
CITY-ST-ZIP	MIAMI FL	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 BRICKELL AVE, STE 1115	
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 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 empowerments.

SIGNATURE: *Steven P Oppenheim*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/00** Daytime Phone # **305-571-8000**

CR2E034 (9/99)