2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90049 046 ***150.00

DOCUMENT # P97000008318

1. Entity Name
GENEXO INFORMATION TECHNOLOGY, INC.

Principal Place of Business
16201 SW 95 AVENUE
SUITE 102
MIAMI, FL 33157

Mailing Address
9715 SW 144 STREET
MIAMI, FL 33176

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

3. Mailing Address
9760 SW 164 St.
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33157
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0727072
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, JULIO C
9715 SW 144 STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent
Name PEREZ JULIO C.
Street Address (P.O. Box Number is Not Acceptable)
9760 SW 164 St.
City MIAMI FL Zip Code 33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $660.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVP ☐ Delete	TITLE	PVP ☑ Change ☐ Addition
NAME	PEREZ, JULIO C	NAME	JULIO PEREZ
STREET ADDRESS	9715 SW 144 STREET	STREET ADDRESS	9760 SW 164 St.
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	PEREZ, GRECIA	NAME	PEREZ, GRECIA
STREET ADDRESS	9715 SW 144 STREET	STREET ADDRESS	9760 SW 164 St.
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33157
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	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/03 305 238 1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #