

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 AUG 14 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000027266**  
Entity Name **New Genesis Financial Corp.**

Principal Place of Business **2802 NE 2ave**  
**Miami FL 33137**

Mailing Address **Same**

2. Principal Place of Business  
**2802 NE 2ave**  
Suite, Apt. #, etc.:  
City & State **Miami FL**  
Zip **33137** Country **Broward**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.:  
City & State  
Zip Country

4. FEI Number **65-0738498**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**Jorge Garvira**  
**9269 S Dixie Hwy**  
**Suite 201**  
**Miami FL 33156**

7. Name and Address of New Registered Agent  
Name **Fritz Grant**  
Street Address (P.O. Box Number is Not Acceptable) **4200 N W 16th St 608**  
City **Lauderhill** FL Zip Code **33313**

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 **Fritz Grant** DATE **06/11/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
<input type="checkbox"/> Delete	<b>Secretary/Treasurer</b>	<b>MARTHA MORENO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>1427 Cecilia Ave</b>	<b>Coral Gables FL 33145</b>			
	<b>Millie Harper</b>	<b>1401 NE 155th Ave</b>			
		<b>N Miami FL 33162</b>			
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

**REINSTATEMENT** **99-00**  
**300003368463--7**  
**-08/23/00--01028--024**  
**\*\*\*\*917.50 \*\*\*\*917.50**

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 empowered.

SIGNATURE: **Millie Harper** **MILLIE HARPER** **06/01/00** **305 7588880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)