2000 UNIFORM BUSINESS REPORT (UBR) FILED 6/1 Sep 18, 2000 8:00 am Secretary of State DOCUMENT # P97000052683 1. Entity Name - GENESIS 31 GVW, INC. 06-16-2000 90111 043 ***158.75 Mailing Address Principal Place of Business % P.O. BOX 820237 % P.O. BOX 820237 PEMBROKE PINES FL 33082 PEMBROKE PINES FL 33082 0237 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. N. etc. Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable \$8.75 Additional Country Ziρ Country ŽΏ 5. Certificate of Status Desired Fee.Required_ 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name Brenner, Richard M ESQ. Street Address (P.O. Box Number is Not Acceptable). 21 S.E. FIRST AVENUE **SUITE 800** MIAMI FL 33131 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when Signature, typed or printed perce of registered agent and late a applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 66/6) Change □ Defeta TITLE ame NAME CERDA, GILBERTO C NAME STREET ADDRESS 21 S.E. FIRST AVENUE, STE 800 STREET ADORESS CITY-SI-ZIP CITY-ST-ZP MIAMI FL 33131 ☐ Addition Change TITLE Delete TILLE NAME KALE STREET ADORESS STREET ADDRESS CITY-57-71P CITY-ST-ZIP Change: . Addition ☐ Defete me भार ह NAME MALES STREET ADDRESS STREET ADDRESS CITY-S1-ZP CITY-ST-ZIP ☐ Addition 🖫 🔲 Change Delete TELLE mE Naste NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Addition Delete me MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-23P Addition MLE TIRE ☐ Defeta MALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not cuality 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 eyid 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 the property of the corporation of the receiver or trustee empowered to execute the property of the corporation of the receiver or trustee empowered to execute the property of the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiv SIGNATURE:

Attachment

Form SS-4

(Rev. February 1998)

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

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For (Re Dep

Power of Attorney

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Form 2848 (Rev. December 1997)	and Declaratio	n of Representative separate instructions.	1000E	Far KS Use Only
Department of the Treasury Internal Revenue Service	See the	separate instructions.		Name
Part Power of Attorney	Power of Attorney (Please type or print.)			Telephone
• • • • • • • • • • • • • • • • • • • •	ver(s) must sign and date this form on page 2	2, fine 9.)		Date / /
Taxpayer name(s) and address	CE(S) Must oight one detains town	Social security number(s)	Employer ident	lification
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senesis 31 GVW	37			
0.0. BOX 8202		Daytime telephone number	Plan number (if	applicable)
Pembroke Pine	S F1. 33082	305-4413-712	.4	
hereby appoint(s) the following repres	entalive(s) as attomey(s)-in-fact:			
2 Representative(s) (Represent	ative(s) must sign and date this form on page	a 2, Part II.)		D
Name and address		O/4" 110	_6505-26445 (305)_443-7	
AURELIO A.	PIEDRA, CPA	,	(305) 443-9	
780 N.W. Le	Jeune Road Suite 516	Fax No (1) 1363	Telephone No.
MIAMI, FLOR	RIDA 33126	Check if new: Address		
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8 Receipt of refund checks. if	you want to authorize a representative name	ed in line 2 to receive, BUT NOT 1	O ENDORSE	
OR CASH, refund checks, init	ial here and list the na	ame of that representative below.		•
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Name of representative to receive refund check(s)

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Form 2848 (Rev. 12-97)

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7 Notices and commun	Ications. Original notices and other writte	en communications will be sent to you and a copy to the	10000
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communications, check	this box	the and communications chack this	
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c If you do not want any	notices or communications sent to your r	epresentative, check this box	
8 Retention/revocation	of prior power(s) of attorney. The filing	of this power of attorney automatically revokes all earlier	
power(s) of attorney or	i file with the Internal Revenue Service to	or the same tax matters and years or periods covered by	▶ ∏
this document. If you d	o not want to revoke a prior power of att	orney, check here	
YOU MUST ATTACH	A COPY OF ANY POWER OF ATTORN	EY YOU WANT TO REMAIN IN EFFECT.	
9 Signature of taxpayer	(s). If a tax matter concerns a joint return	n, both husband and wife must sign if joint representation is	
requested, otherwise, t	see the instructions. It signed by a corpor	rate officer, partner, guardian, tax matters partner, executor,	
receiver, administrator.	, or trustee on behalf of the taxpayer, I ce	ertify that I have the authority to execute this form on behalf	
of the taxpayer.		THE PERSON OF PETHONES	
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Under penalties of perjury, I	declare that		•
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I am aware of regulation	one contained in Treasury Department Ci	rcular No. 230 (31 CFR, Part 10), as amended, concerning	
the prodice of affords	s, certified public accountants, enrolled	sgents, enrolled actuaries, and others;	
(ne practice of attorne)	resent the taxpaver(s) identified in Part I	for the tax matter(s) specified there, and	
I am one of the following			
T am one of the following	er in good standing of the bar of the highe	est court of the jurisdiction shown below.	
a Attorney-a memor	countant-duly qualified to practice as a C	ertified public accountant in the jurisdiction shown below.	•
b Certified Public Ad	rolled as an agent under requirements of	Treasury Department Circular No. 230.	;
	officer of the taxpayer's organization.		
	ee-a full-time employee of the taxpayer.		, .
6 Frit-Liwe EurbioAs			
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