

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED

Sep 18, 2000 8:00 am  
Secretary of State

06-16-2000 90111 043 \*\*\*158.75

DOCUMENT # P97000052683

1. Entity Name

GENESIS 31 GW, INC.

Principal Place of Business

Mailing Address

% P.O. BOX 820237

% P.O. BOX 820237

PEMBROKE PINES FL 33082-0237

PEMBROKE PINES FL 33082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNER, RICHARD M ESQ.  
21 S.E. FIRST AVENUE  
SUITE 800  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
CERDA, GILBERTO C  
21 S.E. FIRST AVENUE, STE 800  
MIAMI FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(954) 438-1456

Daytime Phone

CR2004 (9/99)

Form **SS-4****Application for Employer Identification Number**

(Rev. February 1998)

Department of the Treasury  
Internal Revenue Service

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

Keep a copy for your records.

EIN

OMB No. 1545-0048

Applied for  
1080380

1 Name of applicant (legal name) (see instructions)	Genesis 31 GVW, INC.	
2 Trade name of business (if different from name on line 1)	Gilberto Cerda	
4a Mailing address (street address) (room, apt., or suite no.)	P.O. Box 820237	
4b City, state, and ZIP code	Pembroke Pines, FL 33082	
5a Business address (if different from address on lines 4a and 4b)	(Same)	
5b City, state, and ZIP code		
6 County and state where principal business is located	Broward County	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or (TIN) may be required (see instructions)	Gilberto Cerda president / SSN 265-74-5471	

8a Type of entity (Check only one box.) (see instructions)  
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ▶ C Corp      |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
FLORIDA	

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ C Corp	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

September 13, 00

11 Closing month of accounting year (see instructions)

Dec. 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

14 Principal activity (see instructions) ▶ Services transportation

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? (Please check one box.)

<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ▶ Services transportation	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶	Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ President / Gilberto Cerda

Signature ▶ Gilberto Cerda / cc

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Form **2848**  
(Rev. December 1997)  
Department of the Treasury  
Internal Revenue Service

# Power of Attorney and Declaration of Representative

► See the separate instructions.

Attachment  
# PQ 7000052 683

OMB No. 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date

## Part I Power of Attorney (Please type or print.)

### 1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

Genesis 31 GVW, Inc.  
P.O. BOX 820237  
Pembroke Pines, FL 33082

Social security number(s)

Employer identification  
number

Daytime telephone number

Plan number (if applicable)

305-443-7122

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

### 2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

AURELIO A. PIEDRA, CPA  
780 N.W. Le Jeune Road Suite 516  
MIAMI, FLORIDA 33126

CAF No. 6505-26445R

Telephone No. (305) 443-7122

Fax No. (305) 443-9522

Check if new: Address ☐Telephone No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐Telephone No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

### 3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
Applied for	SS-4	2000

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4-Specific uses not recorded on CAF.) ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5-Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks. If you want to authorize a representative named in line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ►

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

Form **2848** (Rev. 12-97)

Form 2848 (Rev. 12-97)

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.

- a** If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☐
- b** If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c** If you do not want any notices or communications sent to your representative, 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 on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

x Gilberto Cenda /cc. 9/13/00 President  
 Signature Date Title (if applicable)  
Gilberto Cenda  
 Print Name

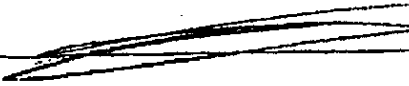
\_\_\_\_\_  
 Signature Date Title (if applicable)  
 \_\_\_\_\_  
 Print Name

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney-a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant-duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent-enrolled as an agent under requirements of Treasury Department Circular No. 230.
  - d** Officer-a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee-a full-time employee of the taxpayer.
  - f** Family Member-a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary-enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h** Unenrolled Return Preparer-an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation-Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
B	FLORIDA		9/13/00