

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073437

1. Entity Name

GENESIS SOFTWARE CONSULTANTS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90132 017 ***150.00

Principal Place of Business

Mailing Address

10814 SW 148TH AVE DR
MIAMI FL 33196
US

10814 SW 148TH AVE DR
MIAMI FL 33196-2461
US

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

65-0776906

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

REVILLA, MARIA
10814 S.W. 148TH DRIVE
MIAMI FL 33196

Name ANA MARIA RAMIREZ

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

10814 SW 148 AVE. DR.

City MIAMI

FL

Zip Code 33196

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 reinstating)

DATE

4/28/00

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 PD ☐ Delete
NAME RAMIREZ, ANA M
STREET ADDRESS 10814 S.W. 148TH DRIVE
CITY-ST-ZIP MIAMI FL 33196

TITLE PD ☒ Change ☐ Addition
NAME RAMIREZ, ANA MARIA
STREET ADDRESS 10814 SW 148 AVE. DR.
CITY-ST-ZIP MIAMI FL 33196

TITLE SD ☒ Delete
NAME REVILLA, MARIA
STREET ADDRESS 14221 S.W. 88TH ST #C110
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: SIGNATURE ANA MARIA RAMIREZ 4/28/00 (305) 992-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)