

FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 008 ***150.00

DOCUMENT # P97000084577

1. Entity Name

DI, GENESIS BEAUTY CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1240 W. 44 Place

3. Mailing Address

1240 W 44 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL.

City & State

Hialeah, FL.

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0785169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Antonio P. Silverio

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

2239 W. 69 St. #1

City

Hialeah

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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

Antonio P. Silverio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	Antonio P. Silverio
STREET ADDRESS	2239 W. 69 St. #1
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	S
NAME	Ingrid M. Silverio
STREET ADDRESS	2239 W. 69 St. #1
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Antonio P. Silverio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(305) 512-2828

Daytime Phone #

CR2E034B (12/01)