

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013234

1. Entity Name

GENNA CORPORATION

Principal Place of Business

Mailing Address

2930 SW 30TH ST.
PEMBROKE PARK FL 33009

2930 SW 30TH ST.
PEMBROKE PARK FL 33009

2. Principal Place of Business

3. Mailing Address

1209 S. 30th Ave

1209 S 30th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood Fl.

Hollywood Fl.

City & State

City & State

Zip 33020

Country

Zip 33020

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, RONALD L ESQUIRE
STE.407, SKYLAKE STATE BANK BLDG.
1550 N.E. MIAMI GARDENS DR.
N. MIAMI BEACH FL 33179

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 reinstating)

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, 2001 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

TITLE P ☐ Delete
NAME APPELDORF, HOWARD
STREET ADDRESS 2930 SW 30 AVE
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE APPELDORF HOWARD ☒ Change ☐ Addition
NAME
STREET ADDRESS 1209 S 30th Ave
CITY-ST-ZIP Hollywood Fl 33020

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

HOWARD APPELDORF
PRES.

Date

1/12/01

Daytime Phone #

954 457 2880

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90117 030 ***150.00

00007371



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0815670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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