

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90040 035 ***150.00

DOCUMENT # P98000034104

1. Entity Name
GENERON DEVELOPMENT, INC.

Principal Place of Business

~~524 ARTHUR GODFREY RD~~ 1458 OCEAN DRIVE
MIAMI BEACH FL ~~33140~~ 33139

Mailing Address

~~524 ARTHUR GODFREY RD~~ 1458 OCEAN DRIVE
MIAMI BEACH FL ~~33140~~ 33139

918416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1458 OCEAN DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1458 OCEAN DRIVE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL 33139

City & State
MIAMI BEACH, FL 33139

4. FEI Number 65-0832497

Applied For
Not Applicable

Zip 33139 Country U.S.A.

Zip 33139 Country U.S.A.

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

BELOFF, JONATHAN D ESQ.
1111 LINCOLN RD
STE 400
MIAMI BEACH FL 33139

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GRABARNICK, PHILIP G
STREET ADDRESS 6480 ALLISON IS
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MOLKO, RONALD S
STREET ADDRESS ~~5500 COLLINS AVE~~ 891 CAPTIVA DRIVE
CITY-ST-ZIP MIAMI BEACH FL HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS 891 CAPTIVA DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE
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CITY-ST-ZIP

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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 OR DIRECTOR

Date 2/2/01 Daytime Phone # 305-624554

CP2E034 (10/00)