## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am Secretary of State P99000000755 **DOCUMENT #** 1. Entity Name 05-13-2002 90176 006 \*\*\*150.00 GENESIS TRUCKING, INC. Mailing Address Principal Place of Business 1354 SW 71ST TERR. 1354 SW 71ST TERR. N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0888817 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINGH, COURTNEY Street Address (P.O. Box Number is Not Acceptable) 1354 SW 71ST TERR. N. LAUDERDALE FL 33068 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLÉ ☐ Delete TITLE SINGH, COURTNEY NAME NAME 1354 SW 71ST TERRACE STREET ADDRESS STREET ADDRESS N LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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

**FILED**