

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004425

1. Entity Name

GENISIS MORTGAGE GROUP, INC.

Principal Place of Business

3625 NW 82ND AVE., SUITE 303
MIAMI FL 33166

Mailing Address

3625 NW 82ND AVE., SUITE 303
MIAMI FL 33166-7601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0887386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, CARLOS R
9907 NW 29TH STREET
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name Carlos R. Gutierrez

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

3625 NW 82 Ave. Suite 303

City Miami

FL

Zip Code
33166

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

Carlos R. Gutierrez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 7, 2000

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, CARLOS R	
STREET ADDRESS	9907 NW 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, LUISA M	
STREET ADDRESS	9907 NW 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Carlos R.	
STREET ADDRESS	3625 NW 82 Ave. Suite 303	
CITY-ST-ZIP	Miami, Fl 33166	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Luisa M.	
STREET ADDRESS	3625 NW 82 Ave. Suite 303	
CITY-ST-ZIP	Miami, Fl 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Carlos R. Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000
Date

305-639-9858
Daytime Phone #

908621



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)