

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9900 0031191**  
 1. Entity Name  
**Genesis Life Management, Inc.**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90047 008 \*\*\*158.75

**00084443**

Principal Place of Business Mailing Address  
**371 NW 103 Terrace**  
**Pembroke Pines, FL 33026**

2. Principal Place of Business 3. Mailing Address  
**371 NW 103 Terrace** **371 NW 103 Terrace**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Pembroke Pines, Florida** **Pembroke Pines, Florida**  
 Zip Country Zip Country  
**33026** **United States** **33026** **United States**

4. FEI Number Applied For  
**65-0989028** Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Maria Z. Deheza**  
**371 NW 103rd Terrace**  
**Pembroke Pines, FL 33026**

7. Name and Address of New Registered Agent  
 Name **Maria Z. Deheza**  
 Street Address (P.O. Box Number is Not Acceptable)  
**371 NW 103 Terrace**  
 City **Pembroke Pines** **FL** Zip Code **33026**

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Director</b>
STREET ADDRESS		STREET ADDRESS	<b>Fernando Deheza</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>371 NW 103rd Terrace</b>
			<b>Pembroke Pines, FL 33026</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Deputy Director</b>
STREET ADDRESS		STREET ADDRESS	<b>Maria Z. Deheza</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>371 NW 103rd Terrace</b>
			<b>Pembroke Pines, FL 33026</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Fernando Deheza** **Fernando Deheza** **4-20-2000 (305)377-7501**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)