

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2000 90047 008 ***158.75

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

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

00084443

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

3. Mailing Address **371 NW 103 Terrace**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

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

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 _____ (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

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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Fernando Deheza
CITY-ST-ZIP	371 NW 103rd Terrace
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deputy Director
STREET ADDRESS	Maria Z. Deheza
CITY-ST-ZIP	371 NW 103rd Terrace
CITY-ST-ZIP	Pembroke Pines, FL 33026
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 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)