

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90047 002 ***150.00

DOCUMENT # P99000031191

1. Entity Name

GENESIS LIFE MANAGEMENT, INC.

Principal Place of Business

371 N.W. 103RD. TERRACE
PEMBROKE PINES FL 33026

Mailing Address

371 N.W. 103RD. TERRACE
PEMBROKE PINES FL 33026

00027298

2. Principal Place of Business

3. Mailing Address

P.O. Box 260008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

4. FEI Number

65-0989028

Applied For

Not Applicable

Zip

Country

Zip

33026

Country

Broward

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

DEHEZA, MARIA Z
371 N.W. 103RD. TERRACE
PEMBROKE PINES FL 33026

Name

Fernando Deheza

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

371 N.W. 103rd 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

Fernando Deheza

3-15-2001

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, 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	D	<input type="checkbox"/> Delete
NAME	DEHEZA, FERNANDO	
STREET ADDRESS	371 NW 103RD TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
TITLE	DD	<input type="checkbox"/> Delete
NAME	DEHEZA, MARIA Z	
STREET ADDRESS	371 NW 103 RD TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Pembroke Pines, FL 33026</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Pembroke Pines, FL 33026</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3-15-2001

954-437-7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0112861