

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90228 028 ***158.75

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DOCUMENT # P99000031191

1. Entity Name
GENESIS LIFE MANAGEMENT, INC.



Principal Place of Business
**2173 NW 78TH AVE.
UNIT 206
HOLLYWOOD FL 33024**

Mailing Address
**P O BOX 260008
PEMBROKE PINES FL 33026**



2. Principal Place of Business
2173 NW 78th Avenue

3. Mailing Address

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State

4. FEI Number
65-0989028

Applied For
Not Applicable

Zip
33024

Country
USA

Zip

Country

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

FERNANDO DEHEZA
2173 NW 78TH AVE. - Should be 2173
HOLLYWOOD FL 33024 - Pembroke Pines

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
2173 NW 78th Avenue
Unit 206
City **Pembroke Pines** FL Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Fernando Deheza**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DEHEZA, FERNANDO**
STREET ADDRESS **2173 NW 78TH AVE UNIT 206**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☐ Delete
NAME **DEHEZA, MARIA Z**
STREET ADDRESS **2173 NW 78TH AVE UNIT 206**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Fernando Deheza**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2003 **954-893-5929**

CP2E034 (10/02)