

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109799

1. Entity Name

GEO-GENESIS GROUP, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90486 001 *****8.75

02-13-2001 90486 002 ***150.00

Principal Place of Business

4613 UNIVERSITY DR.,STE.#313
CORAL SPRINGS FL 33067

Mailing Address

4613 UNIVERSITY DR.,STE.#313
CORAL SPRINGS FL 33067

26341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0985939

Applied For

Not Applicable

Zip

Country

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

WILLIAMS, SHARAH
4613 UNIVERSITY DR.,STE.#313
CORAL SPRINGS FL 33067

Name

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

City

FL

Zip Code

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, 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 P
NAME WILLIAMS, FRENDA *misspelling*
STREET ADDRESS 1942 CHARITON ST
CITY-ST-ZIP LOS ANGELES CA 90034 *ADDRESS CHANGE*

TITLE ☐ Delete
NAME WILLIAMS, FRENDA
STREET ADDRESS 2015 81th ST. WEST
CITY-ST-ZIP LA. CALIFORNIA 90047 ☐ Change ☐ Addition

TITLE VP
NAME WILLIAMS, FAISHA *misspelling*
STREET ADDRESS 4613 UNIVERSITY DR 313
CITY-ST-ZIP CORAL SPG FL 33067

TITLE ☐ Delete
NAME WILLIAMS, FAISHA
STREET ADDRESS 4613 UNIVERSITY DR 313
CITY-ST-ZIP Coral Spg., FL 33067 ☐ Change ☐ Addition

TITLE T
NAME WILLIAMS, SHARAH
STREET ADDRESS 610 NW 38 AV
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/02/01

FAISHA WILLIAMS

CR2E034 (10/00)