

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90014 001 ***150.00

DOCUMENT # 131716

1. Entity Name

Genesis Productions of Broward County, Inc. (LA)

Principal Place of Business

2133 NW 208 TOWER
 PEMBROKE PINES FL 33029

Mailing Address

2133 NW 208 TOWER
 PEMBROKE PINES FL 33029

2. Principal Place of Business

2133 NW 208 TOWER

3. Mailing Address

2133 NW 208 TOWER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

A0073300

City & State

PEMBROKE PINES FL 33029

City & State

PEMBROKE PINES FL 33029

4. FEI Number

Applied For

Not Applicable

Zip 33029

Country USA

Zip 33029

Country USA

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

JOSEPH MOTTS
 2133 NW 208 TOWER
 PEMBROKE PINES FL 33029

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

6/8/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JOSEPH MOTTS 2133 NW 208 TOWER PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

6/8/01 954-441-8735

CR2034 (11/00)

I NEVER RECEIVED YOUR MATERIAL,
I JUST RETURNED AND CALL YOUR
OFFICE, YOU APPARENTLY HAS MY OLD
ADDRESSES. I HAVE THE ENCLOSED
WILL CORRECT ALL ADDRESSES.

Joseph W. A.

Attachment
D# V81716
A07B300