## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F37956

1. Entity Name

HAMERSMITH AND GARCIA, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90072 035 \*\*\*158.75

TANCHONITH AND GARDIA, INC.										
Principal Place of Business 3200 N.W. 125TH STREET MIAMI FL 33167			Mailing Address 3200 N.W. 125TH STREET MIAMI FL 33167							
2. Principal F	Place of Business	3. Mailing Address					( 10 <b>6</b> 4)00 4100 41116 ( <b>64</b> 10 <b>54</b> 106 464)	#111 <b>411</b> 11 010	ik Birkil Diair I	BIBIL BEWLF 1881
Suite, Apt	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF	MAKING	CHANGES	i
City & Sta	te	City & State				<b>4.</b> F	4. FEI Number 59-2133127			pplied For ot Applicable
Zip Country		Zip Count			7. Certificate of Status		Certificate of Status Desired	<b>∕\$9.75</b> Additional		
	6. Name and Address of Current	Registere	ed Agent			7. N	lame and Address of New Reg			
HAMERSMITH, MINDA					-Name			····		
	1. 125TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
MIÁMI FL	33167									
¥c					City			FL	Zip Cod	le
	named entity submits this statement fo tions of registered agent.	r the purp	ose of changing its re	egister	ed office or registere	ed age	ent, or both, in the State of Floric	la. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent		li-ski-					····		
		ind the trapp	(NOTE: 1	negistere	d Agent signature required	when reii	instating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of	State				İ	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing		00 May Be d to Fees
10.	OFFICERS AND		RS	11,		ADD	DITIONS/CHANGES TO OFFICE	ERS AND [	DIRECTOR	S IN 11
TITLE NAME	D Hamersmith, Cheryl	`	☐ Delete	TITLE	l			1	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3200 N.W. 125 ST. MIAMI, FL 33167			STRE	ET ADDRESS - ST- ZIP					
TITLE	PD		☐ Delete	TITLE				l	Change	Addition
NAME STREET ADDRESS	HAMERSMITH, HENRY 3200 N.W. 125TH ST.			NAMI STRE	E ET ADDRESS					
CITY-ST-ZIP	MIAMI FL				-ST-ZIP					
TITLE	VD OTTO THE	·—	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	HAMERSMITH, STEVEN 3200 N.W. 125TH ST.			NAMI STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL			CITY-	-ST-ZIP					
TITLE NAME	CD HAMERSMITH, JOYCE		☐ Delete	TITLE	l l			Į	Change	☐ Addition
STREET ADDRESS	3200 N.W. 125TH ST.				ET ADDRESS					
CITY-ST-ZIP	MIAMI FL			CITY-	ST-ZIP					
TITLE	SD		☐ Delete	TITLE	l l			. [	☐ Change	☐ Addition
NAME STREET ADDRESS	HAMERSMITH, MINDA 3200 NW 125TH ST			NAME STREE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL				ST-ZIP					
TITLE			☐ Delete	TITLE	I		, · · · · · · · · · · · · · · · · · · ·	[	Change	Addition
NAME STREET ADDRESS	l			NAME STREE	ET ADDRESS					
CITY-ST-ZIP					ST-ZIP					
12. I hereby o	ertify that the information supplied with	this filing o	does not qualify for th	ne exer	nption stated in Sec	ction 1	19.07(3)(i), Florida Statutes, I fu	rther certify	that the ir	nformation

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

(304) 6876457

Daytime Phone #