

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076032

1. Entity Name

C B GARCIA HOLDINGS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90007 004 ***150.00

Principal Place of Business

Mailing Address

160 NW 127TH AVE.
 MIAMI FL 33182

160 NW 127TH AVE.
 MIAMI FL 33182-1114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

GARCIA, CONRADO
 160 NW 127TH AVE.
 MIAMI FL 33182

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

[Handwritten 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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CONRADO	NAME	
STREET ADDRESS	160 NW 127TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ANGELA	NAME	
STREET ADDRESS	160 N W 127TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ANGEL M.M.D.	NAME	
STREET ADDRESS	23399 SERENE MEADOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, SYLVIA G	NAME	
STREET ADDRESS	6535 F. PARKVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, NICHOLAS C	NAME	
STREET ADDRESS	6535 F. PARKVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, TIM E	NAME	
STREET ADDRESS	7488 SILVERWOODS COURT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

Daytime Phone #

CR2E034 (9/99)