

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 624052

1. Entity Name

BERNANDO GARCIA CORPORATION

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90046 030 ***150.00

Principal Place of Business

Mailing Address

4100 N.W. 7TH STREET
MIAMI FL 33126-5518

8215 SW 40TH ST.
MIAMI FL 33155-3334

2. Principal Place of Business

3. Mailing Address

8215 Bird Rd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip 33155 Country Miami-Pade

4. FEI Number

59-1912780

Applied For

Not Applicable

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

MARTIN, PEDRO A.
1221 BRICKELL AVE.
% GREENBERG TRAUIG
MIAMI FL 33131

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, BERNANDO G.	
STREET ADDRESS	8215 SW 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, DOLORES M.	
STREET ADDRESS	8215 SW 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTIN, PETER R	
STREET ADDRESS	8215 SW 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RAUL	
STREET ADDRESS	8215 SW 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter R Martin 1/5/00 (305) 226-1010

CR2E034 (9/99)