

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641492

1. Entity Name
BERNARDO GARCIA FUNERAL HOME (MIAMI), INC.

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90007 013 ***150.00

Principal Place of Business
4100 NW 7TH ST.
MIAMI FL 33126

Mailing Address
8215 SW 40TH ST.
MIAMI FL 33155-3334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1946783		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 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: _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARTIN, PETER R		NAME				
STREET ADDRESS	8215 SW 40TH ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GARCIA, BERNARDO G		NAME				
STREET ADDRESS	8215 SW 40TH ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155-3334		CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HERNANDEZ, RAUL		NAME				
STREET ADDRESS	8215 SW 40TH ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155-3334		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GARCIA, DOLORES		NAME				
STREET ADDRESS	8215 SW 40TH ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155-3334		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: RAUL R. HERNANDEZ RAUL R. HERNANDEZ
VICE-PRESIDENT
1/11/02 (305) 226-1010
Date Daytime Phone #

CR2E034 (9/01)