

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90049 046 ***158.75

DOCUMENT # F31634

1. Entity Name

GARCIA MENENDEZ ENTERPRISES, INC.

Principal Place of Business

8390 N.W. 53RD STREET, SUITE 314
 MIAMI FL 33166

Mailing Address

8390 N.W. 53RD STREET, SUITE 314
 MIAMI FL 33166-4699

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2102335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, HORACIO
8820 S.W. 104 ST.
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

6850 Riviera Drive

Coral Gables,

FL

Zip Code

33146

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: **SDV** Delete
 NAME: **GARCIA, HORACIO**
 STREET ADDRESS: **6850 RIVIERA DR**
 CITY-ST-ZIP: **CORAL GABLES FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PD** Delete
 NAME: **MENENDEZ, PEDRO**
 STREET ADDRESS: **435 LEUCADENDRA DRIVE**
 CITY-ST-ZIP: **CORAL GABLES FL**

TITLE: Change Addition
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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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

Pedro Menendez

3/27/00

305/477-4104

Date

Daytime Phone #