

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90332 031 \*\*\*150.00

**DOCUMENT # F71073**



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

Principal Place of Business  
**865 W. 49TH STREET  
HIALEAH FL 33012**

Mailing Address  
**8215 SW 40TH ST.  
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2171297**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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:** Raul R. Hernandez **REQUIRED** Raul R. Hernandez 01/22/03 (305) 226-1010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)