

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015535

1. Entity Name

GARCA, LLC.

L00000015535

Principal Place of Business

Mailing Address

FILED

01 MAY 21 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

13021 NW 1st.

Suite, Apt. #, etc.

309

3. Mailing Address

13021 NW 1st

Suite, Apt. #, etc.

309

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA.

4. FEI Number

65-1063319

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 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

Name

ROBERTO GARCIA (4848)

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

13021 NW 1st, Suite 309

City

Pembroke Pines

FL

Zip Code

33028

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

05-17-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERTO GARCIA
General Manager
13021 NW 1st, Suite 309, Pembroke Pines, FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BK

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004418925--1
-06/13/01--01409-014 Addition
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05-17-01 (954) 4715745

Date

Daytime Phone #

CR2E083 (11/00)