

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05130

1. Entity Name

GARCIA U.S.A., INC.

Principal Place of Business

9 GREEN STREET
HOLLISTON MA 01746
US

Mailing Address

P. O. BOX 6226
HOLLISTON MA 01746-6226
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140523

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

CUMMINGS, PAUL M.
1428 BRICKELL AVENUE, 4TH FLOOR
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	DPC	<input type="checkbox"/> Delete
NAME	GARCIA, RAMON	
STREET ADDRESS	108 PLEASANT STREET	
CITY-ST-ZIP	MILLIS MA 02054	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	GARCIA, RAMON JR.,	
STREET ADDRESS	108 PLEASANT STREET	
CITY-ST-ZIP	MILLIS MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLYNN, ANNA G	
STREET ADDRESS	19 HIGHWOOD DRIVE	
CITY-ST-ZIP	FRANKLIN MA 02038	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS, PAUL M.	
STREET ADDRESS	1428 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 BALTIMORE STREET	
CITY-ST-ZIP	MILLIS, MA 02054	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	33A SPENCER STREET	
CITY-ST-ZIP	MILLIS, MA 02054	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	991 COUNTY STREET, #2	
CITY-ST-ZIP	FALL RIVER, MA 02723	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90044 045 ***150.00



DO NOT WRITE IN THIS SPACE

4/20/00

508-893-9700