

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

01-29-2002 90007 014 \*\*\*150.00

**DOCUMENT # M18158**

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

**Principal Place of Business**  
 8215 S.W. 40 ST.  
 MIAMI FL 33155-3334

**Mailing Address**  
 8215 S.W. 40 ST.  
 MIAMI FL 33155-3334



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2582235**

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.**

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

**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, 2002 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**

**P**  Delete  
**GARCIA, BERNARDO**  
**8215 SW 40TH ST.**  
**MIAMI FL 33155-3334**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VS**  Delete  
**MARTIN, PETER R.**  
**8215 SW 40TH ST.**  
**MIAMI FL 33155-3334**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VI**  Delete  
**HERNANDEZ, RAUL**  
**8215 SW 40TH ST.**  
**MIAMI FL 33155-3334**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**V**  Delete  
**GARCIA, DOLORES**  
**8215 SW 40TH ST.**  
**MIAMI FL 33155-3334**

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  
 TITLE 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:** *Raul R Hernandez* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/02* **RAUL R HERNANDEZ** **(305) 226-1010**  
 Date Daytime Phone #

CR2E034 (9/01)