

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90332 029 ***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**

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

59-2582235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A.
1221 BRICKELL AVE.
% GREENBERG TRAURIG
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	GARCIA, BERNARDO	
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 33155-3334	
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		
CITY-ST-ZIP		
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		
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

01/23/03

(305) 226-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)