

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90082 015 ***150.00

MAJOR AV

DOCUMENT # M77012

1. Entity Name

GARCIA ENTERPRISES OF TAMPA, INC.

Principal Place of Business

1122 94TH AVENUE N
SUITE-2075
SAINT PETERSBURG FL 33702
US

Mailing Address

1122 94TH AVENUE N
SUITE-2075
SAINT PETERSBURG FL 33702
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1122 94th Ave. N
Suite, Apt. #, etc.

3. Mailing Address

1122 94th Ave. N
Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-2892779

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33702

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARTIN L.
1122 94TH AVENUE NORTH
SAINT PETERSBURG FL 33702

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.

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, 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

TITLE **DCT** ☐ Delete
NAME **GARCIA, MANUEL**
STREET ADDRESS **4933 NEW PROVIDENCE RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **DP** ☐ Delete
NAME **GARCIA, MARTIN L.**
STREET ADDRESS **5216 NEPTUNE WAY**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **SD** ☐ Delete
NAME **GARCIA, ADELINE**
STREET ADDRESS **4933 NEW PROVIDENCE RD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☐ Delete
NAME **GARCIA, MARSHALL S.**
STREET ADDRESS **16011 AMBERLY WAY**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02 (727) 217-0302

CR2E034 (9/01)