

DOCUMENT # P00000033356
1. Entity Name
LAW OFFICE OF JESSICA GARCIA, P.A.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90098 041 ***150.00

Principal Place of Business Mailing Address
2800 EGRET WAY
COOPER CITY FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1110 Brickell Avenue 1110 Brickell Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 430 Suite 430
City & State City & State
Miami, FL Miami, FL
Zip Country Zip Country
33131 US 33131 US

4. FEI Number Applied For
65-0995191 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, JESSICA
2800 EGRET WAY
COOPER CITY FL 33026

7. Name and Address of New Registered Agent
Name Jessica Garcia
Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Ave
Suite 430
City Miami FL Zip Code 33131

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Yes - eligible
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D GARCIA, JESSICA 1110 Brickell Ave #430 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date 1/4/00 Daytime Phone # 305-533-1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR