

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90219 048 ***150.00

DOCUMENT # P00000033356

1. Entity Name

LAW OFFICE OF JESSICA GARCIA, P.A.



Principal Place of Business

1110 BRICKELL AVENUE
SUITE 430
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE
SUITE 430
MIAMI FL 33131

11015908



2. Principal Place of Business

15145 NW 77 Ave.

3. Mailing Address

15145 NW 77 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2011

2011

City & State

City & State

MIAMI, FL

MIAMI, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0995191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JESSICA
1110 BRICKELL AVE
SUITE 430
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name JESSICA GARCIA

Street Address (P.O. Box Number is Not Acceptable)
15145 NW 77 Ave.

Suite 2011

City MIAMI, FL

FL Zip Code 33014

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/03

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

TITLE D ☐ Delete
NAME GARCIA, JESSICA
STREET ADDRESS 1110 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME GARCIA, JESSICA
STREET ADDRESS 15145 NW 77 Ave
CITY-ST-ZIP Suite 2011
MIAMI, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Jessica Garcia **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

(305) 633-1058

Date

Daytime Phone #

0221296 AV

CR2E034 (10/02)