

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-14-2001 90228 016 ***150.00

DOCUMENT # P00000042778

1. Entity Name

MRS. GARCIA'S, INC.

Principal Place of Business

Mailing Address

1268 N.W. 167TH AVE.
 PEMBROKE PINES FL 33028

1268 N.W. 167TH AVE.
 PEMBROKE PINES FL 33028

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

65-1008843

Applied For

Not Applicable

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

RIVERO, MARY JO
3 S.W. 129TH AVE., STE. 208
PEMBROKE PINES FL 33027-1779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

(Log Agent in the State)

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

DEBORAH K NUNEZ, President

4/11/01

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

(NOTE: Registered Agent signature required when resigning)

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, 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. **V.P. & Sec** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Charles Robert Gorenflo	<input checked="" type="checkbox"/> Delete
NAME	1268 N W 167th Ave	
STREET ADDRESS	Pembroke Pines, FL 33028	
CITY-ST-ZIP		
TITLE	DEBORAH K NUNEZ	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	1268 N W 167th Ave	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. FLORENCE DEUTSCH	
STREET ADDRESS	4411 SO F ST	
CITY-ST-ZIP	OWARD, CA 92030	
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		

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

DEBORAH K. NUNEZ, PRESIDENT

Date

Daytime Phone #

954 704-0593

CR2E034 (10/00)