

2001 UNIFORM BUSINESS REPORT (UBR)

142

DOCUMENT # P00000091374

1. Entity Name
GARCIA PLUMBING CONTRACTORS, INC.

Principal Place of Business Mailing Address

FILED

01 DEC 20 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
1050 NW 32 Ave

3. Mailing Address
1050 NW 32 Ave

Suite, Apt. #, etc.

City & State
MIAMI, Florida

City & State
MIAMI, Florida

Zip
33125

Country

Zip
33125

Country

2001 UBR

4. FEI Number
65-1045414

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OMAR R. GARCIA
1050 NW 32 Ave
MIAMI, Florida, 33125

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OMAR R. GARCIA 1050 NW 32 Ave MIAMI, Florida, 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X Omar R. Garcia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-14-01** Daytime Phone # **305-887-4185**

CR2E034 (11/00)

242

GARCIA PLUMBING CONTRACTORS, INC.
1050 NW 32 AVE
MIAMI-FLORIDA-33125
PHONE (305) 887-4139

December 14, 2001

DEPARTMENT OF STATE


REF: DOCUMENT # P00000091374

THIS NOTE IS TO INFORM THAT JUST NOW THAT I CAME TO THE
ACCOUNTANT HE INFORM TO ME THAT I MUST PAY THE UBR, BUT
I DIDN'T RECEIVE ANY FORM TO HELPME REMEMBER THAT THE
RENOVATION WAS DUE.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR YOUR HELP.

ATTE.

X 
OMAR R. GARCIA
PRESIDENT

2001 DEC 14 11:11 AM EST