

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90095 034 \*\*\*158.75

**DOCUMENT # P00000117631**

1. Entity Name  
D.I. GARCIA, INC.



Principal Place of Business  
7701-4 S. ARAGON BLVD.  
SUNRISE FL 33322

Mailing Address  
7701-4 S. ARAGON BLVD.  
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

3281 S.W. 173 terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar, FL

Zip

Country

Zip

Country

33029

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1063785

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

GARCIA, DAVID  
159 NE NINTH ST.  
HOMESTEAD FL 33030

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GARCIA, ISIS  
STREET ADDRESS 7701-4 S. ARAGON BLVD.  
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3281 S.W. 173 terr  
CITY-ST-ZIP Miramar, FL 33029 ☒ Change ☐ Addition

TITLE V  
NAME GARCIA, DAVID  
STREET ADDRESS 7701-4 S. ARAGON BLVD.  
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3281 S.W. 173 terr  
CITY-ST-ZIP Miramar, FL 33029 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 305-248-2229

Date

Daytime Phone #

CR2E034 (10/02)