

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045945

1. Entity Name
GARCIA BOOTS & LEATHER GOODS, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90364 025 ***150.00

Principal Place of Business
16220 SW 280TH STREET
HOMESTEAD FL 33033
14310 SW 287TH ST
Homestead FL 33033

Mailing Address
16220 SW 280TH STREET
HOMESTEAD FL 33033
14310 SW 287TH ST
Homestead FL 33033

2. Principal Place of Business
14310 SW 287TH ST
Suite, Apt. #, etc.

3. Mailing Address
14310 SW 287TH ST
Suite, Apt. #, etc.

City & State
Homestead FL
Zip
33033
Country
Dade

City & State
Homestead FL
Zip
33033
Country
Dade

4. FEI Number
165-115071
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TICE, JAMES E
16220 SW 280TH STREET
HOMESTEAD FL 33031

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, FRANCISCO			NAME			
STREET ADDRESS	14310 SW 287TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33033			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESTRADA, FLORINDA			NAME			
STREET ADDRESS	14310 SW 287TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33033			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TICE, JAMES E			NAME			
STREET ADDRESS	16220 SW 280TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33031			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 / 305-248-2185
Date Daytime Phone #

CR2E034 (9/01)