


2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 19 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <i>P010000 95785</i>	
1. Entity Name <i>P. R. Garcia Inc</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>5661 Washington St</i>		3. Mailing Address <i>5661 Washington St</i>	
Suite, Apt. #, etc. <i>apt 19</i>		Suite, Apt. #, etc. <i>apt 19</i>	
City & State <i>Hollywood, FL</i>		City & State <i>Hollywood FL</i>	
Zip <i>33023</i>	Country <i>USA</i>	Zip <i>33023</i>	Country <i>USA</i>

**REINSTATEMENT** *073*

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <i>65-1145120</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <i>Plinio R. Garcia</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>5661 Washington St #19</i>			
City <i>Hollywood</i> State <i>FL</i> Zip Code <i>33023</i>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Plinio R. Garcia D-Pls/1</i> <i>5661 Washington St. #19</i> <i>Hollywood, FL 33023</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *11/15/03* *954.332.6517*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

**RJR ACCOUNTING SERVICES**  
**ACCOUNTING/INCOME TAX**

**Rafael J. Rodriguez**  
Accountant & Financial  
Consultant

Divisions Of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Reference  
P.R. Garcia Inc D#PO100009275  
5661 Washington Street Apt 19  
Hollywood, FL 33023-1466

UBR 2003

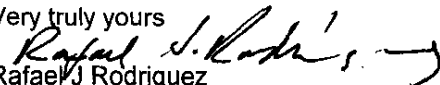
Enclosed is a Ck from Bank of America for the amount of \$150.00

We are paying late the UBR 2003, due to the fact that the forms were never received by the Officers. Please accept our payment in order to keep the Corp active and in good standing


**This is a very small entity with limit cash & assets. We will look forward the UBR form next year in order to paid on Time**

Thanks

Very truly yours

  
Rafael J Rodriguez  
Retired Certified Internal Auditor

November 15, 2003

  
CO, Plinio R Garcia