

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90112 027 ***150.00

DOCUMENT # P02000025342

1. Entity Name
GARCES, INC.



Principal Place of Business
**2624 LITTLE HILL COVE, #200
OVIEDO FL 32765**

Mailing Address
**200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801**



2. Principal Place of Business
2642 LITTLE HILL COVE, #200

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO, FL 32765

City & State

4. FEI Number
01-0642326

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HENDRY, STONER, DELANCETT & BROWN, PA
200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801**

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 **D** ☐ Delete
NAME **GARCES, MIGUEL**
STREET ADDRESS **2542 LITTLE HILL COVE, #200**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D/P/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2642 LITTLE HILL COVE, #200**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GARCES, CHRISTA**
STREET ADDRESS **2642 LITTLE HILL COVE, #200**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D/V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)