

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

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-28-2004 90001 017 ***150.00

DOCUMENT # P02000062581	
1. Entity Name	
GARCIA ENTERPRISES OF MIAMI-DADE INC	

DO NOT WRITE IN THIS SPACE

54073509

2. Principal Place of Business 4605 E 9 LN		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33013	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0617422		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name INES M GARCIA	
Street Address (P.O. Box Number is Not Acceptable) 4605 E 9 LN	
City HIALEAH	Zip Code 33013

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  **9/21/2004**
Signature, typed or printed name of registered agent and title if applicable. (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 \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, SANTIAGO 4605 E 9 LN HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, INES M 4605 E 9 LN HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/2004

Date

(305) 691-6978

Daytime Phone #

Attachment
54073527
Doc # P02000062581

September 21, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: GARCIA ENTERPRISES OF MIAMI-DADE INC

Ref: P02000062581

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and did not realize that the payment is past due since May 1, 2004.

We thank you for your understanding.

Sincerely,



Santiago Garcia
President