2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

1910 N LINCOLN AVE

DOCUMENT # P02000066795

1. Entity Name

Principal Place of Business

1910 N LINCOLN AVE

GARCIA PROPERTIES OF TAMPA, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90108 044 ***150.00

2000X55

TAMPA FL 33607-4239		TAMPA F	TAMPA FL 33607-4239						•	
2. Principa	l Place of Business	3. Mailing	Address	-	-					
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & St	ate	City & S	tate			4. FEI Number	TIEINE II WAN	····	Applied For	
Zip	Country	Zip		Country		01-07	15432		Not Applicable	
		'	,			5. Certificate of Status De	\$8.75 A Fee Regui	\$8.75 Additional Fee Required		
	6. Name and Address of Cu	rrent Registered A	gent			7. Name and Address of	New Registere	d Agent		
GARCIA, KIMBERLY_D				Nan	Name					
ı	INCOLN AVE			Stre	et Address (P.O. Box Number is Not Acco	eptable)	<u>~.</u>		
	L 33607-4239					a topic returnation of the				
	2 30007 1200									
	, , , , , , , , , , , , , , , , , , ,	·		City			F	Zip Co		
the obliga	e named entity submits this statementations of registered agent.	ent for the purpose of	of changing its	registered offic	e or registere	ed agent, or both, in the Stat	e of Florida. I ar	m familiar with	, and accept	
	_									
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	NOTE:							
		·	. (NOTE:	: Registered Agent si	gnature required i	vhen reinstating)	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550	nn l				9. Election Campa	ian Financina	6 E 4	30	
Make Chec	k Payable to Florida Departme	nt of State				Trust Fund Cont	ribution.		00 May Be d to Fees	
10.		AND DIRECTORS		11.	-	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIDECTOR		
TITLE	DPS		Delete	TITLE		A DOTTO HOTO INITIAL OF	Orricens Air	Change	Addition	
NAME STREET ADDRESS	GARCIA, KIMBERLY D			NAME				□ change		
CITY-ST-ZIP	1910 N LINCOLN AVE TAMPA FL 33607-4239	,		STREET ADDRES	s					
TITLE	VT		☐ Delete	CITY-ST-ZIP	- 					
NAME	GARCIA, JOHN	ι	Delete	TITLE NAME				Change	Addition	
STREET ADDRESS	1910 N LINCOLN AVE			STREET ADDRES	s					
CITY-ST-ZIP	TAMPA FL 33607-4239			CITY-ST-ZIP	-					
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				NAME CTREET ADDRESS				_ ,		
CITY-ST-ZIP	• •		موسيجية والمعتبر مسامير	STREET ADDRES	1	· Tomber of the second				
TITLE			Delete	TITLE			·			
NAME		_	_ 50.00	NAME	1			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	:				}	
TITLE	· · · · · · · · · · · · · · · · · · ·			CITY-ST-ZIP						
NAME		L	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP	1			CITY-ST-ZIP						
TITLE			Delete	TITLE			·	Chanca	□ Address	
NAME STREET ADDRESS				NAME				Change	☐ Addition	
CITY-ST-ZIP				STREET ADDRESS						
				CITY-ST-ZIP	1					

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 proof 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 true e 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 address, with all other like empowered.

SIGNATURE:

יום באווועט וואישו SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ounc/

-13-03

873-357-0011