

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

FILED

DOCUMENT # P 02 000074683

1. Entity Name
GUSTAVO G. GARCIA, PA 03 OCT 03 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business
1466 SHELTER ROCK RD
3. Mailing Address
1466 SHELTER ROCK ROAD

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO

4. FEI Number
03-0471009

Applied For
Not Applicable

Zip
32835

Country
ORANGE

Zip
32835

Country
ORANGE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GUSTAVO G. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

1466 SHELTER RD

City
ORLANDO

FL

Zip Code
32835

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/28/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR.
GARCIA GUSTAVO G.
1466 SHELTER ROCK ROAD
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200024329022
10/31/03--01025--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.V.
GARCIA ELIANA M.
1466 SHELTER ROCK ROAD
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATL

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

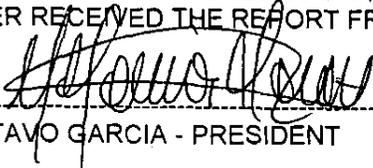
10/28/03

Date

Daytime Phone #

GUSTAVO GARCIA PA
1466 SHELTER ROCK RD
ORLANDO, FL 32835

PLEASE ACCEPT MY CHECK FOR \$150 AND WAIVE THE PENALTY FOR LATE FILING. I
NEVER RECEIVED THE REPORT FROM THE DEPARTMENT OF STATE.



GUSTAVO GARCIA - PRESIDENT