FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91454 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090624

1. Entity Name
GARCIA HOLDINGS INC.

J01271030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	8. Mailing Address
8320 NW 38th COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS	City & State
Zip: FL / Country: 33065	Zip / Country

4. FEI Number: 06-1644802 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: ROBERT D. GARCIA

Street Address (P.O. Box Number is Not Acceptable): 8320 NW 38TH COURT

City: CORAL SPRINGS FL Zip Code: 33065

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: Robert Garcia 4-30-03
(Signature of new registered agent, if applicable) (Name of Registered Agent signature required when reinstating) Date

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

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: ROBERT D. GARCIA, 8320 NW 38 COURT, CORAL SPRINGS FL 33065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE: VICE / NAME: NORA GARCIA / STREET ADDRESS: 8320 NW 38TH COURT / CITY-ST-ZIP: CORAL SPRINGS, FL 33065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
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CR2E034B (12/01)

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: Nora Garcia April 30 2003 954753608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #