

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000043594

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: ROY A. GARCIA, CPA, P.A.

**Current Principal Place of Business:**

100 ALMERIA AVENUE  
230  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 ALMERIA AVE  
230  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0421204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, ROY A  
100 ALMERIA AVE, STE 230  
SUITE 318  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: GARCIA, ROY A  
Address: 100 ALMERIA AVE., STE. 230  
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY A. GARCIA

DPST

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date