

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90830 042 ***150.00

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DOCUMENT #	P93000076589
1. Entity Name	
GARCIA APTS., INC.	

Principal Place of Business	Mailing Address
2150 NW 9TH ST	2150 NW 9TH ST
MIAMI FL 33125	MIAMI FL 33125

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0444467		Applied For	
				Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GARCIA, JORGE M 2150 NW 9TH ST MIAMI FL 33125				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARCIA, MARILOLI			NAME	GARCIA JORGE M		
STREET ADDRESS	2150 NW 9TH ST			STREET ADDRESS	2150 NW 9 ST		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI, FL. 33125		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, MARIA D			NAME			
STREET ADDRESS	2150 NW 9TH ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	V.P. DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, MARLEN			NAME	MARLEN GARCIA		
STREET ADDRESS	2150 NW 9TH ST.			STREET ADDRESS	2150 NW 9 ST		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI, FL. 33125		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, JORGE M. JR.			NAME			
STREET ADDRESS	2150 NW 9TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, CARLOS E.			NAME			
STREET ADDRESS	2150 NW 9TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	T.D. DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITTON, JEANNETTE L.			NAME	GARCIA JEANNETTE L.		
STREET ADDRESS	2150 NW 9TH ST.			STREET ADDRESS	2150 NW 9 ST		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI, FL. 33125		

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 Block 12 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *Maria D. Garcia*
MARIA D. GARCIA, SEC. DIR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9/02 *305-663-1611*
Date Daytime Phone #

CR2E034 (9/01)