

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081880

1. Entity Name

F.G. PROFESSIONAL SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90105 022 ***150.00

Principal Place of Business

Mailing Address

~~130 MADEIRA AVE~~
~~CORAL GABLES, FL 33134~~

~~130 MADEIRA AVE~~
~~CORAL GABLES, FL 33134-4516~~

3704 Palm Ave.
Hialeah, FL 33012

3704 Palm Ave
Hialeah, FL 33012

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 **65-0451712**

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, FRANCISCO
130 MADEIRA AVE
CORAL GABLES, FL 33134

3704 Palm Ave
Hialeah, FL 33012

Name

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

City

FL

Zip Code

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 *Francisco Garcia - PRES*

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

(NOTE: Registered Agent signature required when reinstating)

MARCH 1, 2000

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **GARCIA, FRANCISCO**
STREET ADDRESS **130 MADEIRA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

3704 Palm Ave
Hialeah, FL 33012

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

SIGNATURE:

Francisco Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCISCO GARCIA

PRES

3/1/00 (305) 557-7670

Date

Daytime Phone #

CR2E034 (9/99)