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

## P94000004146 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90139 026 \*\*\*150.00

GARCIA SIGNS PROPLASTICS, INC.													
Principal Pla 454 NW 22N MIAMI FL 33		454	Mailing Address 454 NW 22ND AVE. MIAMI FL 33125			-							
2. Principal	Place of Business	3. Ma	3. Mailing Address										
Suite, Ap	t. #, etc.	Sui	Suite, Apt. #, etc.						CHECK HERE	IF MAKIN	G CHANGE!	S	
City & Sta	ate	City	City & State				4. FEI Nun	nber	65-0053613	 }	<del></del>	Applied For	
Zip	Country	Zip	Zip Cour				5. Certificate of Status Desired See Reg				\$8.75 Ac	ot Applicable	
	6. Name and Address of	Current Register	ed Agent	-		Are ra	7. Name a	nd Add	dress of New F	Registered			
					Name				•				
GARCIA,						Street Address (P.O. Box Number is Not Acceptable)							
	22ND AVE.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
MIAMI FL	. 33125				}								
2*					City			-		FL	Zip Cod	de	
8. The above the obliga	e named entity submits this stat ations of registered agent.	ement for the purp	ose of changing it	s registere	l ed office or re	egistere	d agent, or t	ooth, in	the State of Flo		familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of regist	ered agen) and title if apr	licable (NO	TF: Registerer	d Agent signature	required w	then reinstation)			DATE	·	<del></del>	
£-			(140		a Agent signature	Jedniso w	men reinstating)			DATE			
Afte	FILE NOW!!! FEE IS \$150 or May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00					I		n Campaign Fir und Contributio		\$5.6 Adde	00 May Be d to Fees	
10.	OFFICE	RS AND DIRECTO	RS	11.			 ADDITION	S/CHA	NGES TO OFF	ICEBS AND	DIBECTOE	RS IN 11	
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NAME	GARCIA, SONIA			NAME	<u> </u>						unange		
STREET ADDRESS CITY-ST-ZIP	454 NW 22ND AVE. MIAMI FL 33125				ET ADDRESS								
	DVT				ST-ZIP								
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CITY-ST-ZIP	MIAMI FL 33125				ST-ZIP							ļ	
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name Street address  ,				NAME									
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12. I hereby o	ertify that the information suppl	ied with this filing o	does not qualify for	r the exem	ption stated	in Secti	on 119.07(3	)(i). Flo	rida Statutes. I	further cert	ify that the ir	oformation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SONIA

**SIGNATURE:**