

page 1 of 2

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

DOCUMENT # P95000003617

1. Entity Name

RICARDO GARCIA, D.M.D., P.A.

FILED

02 SEP 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FL
000008211160-0
-10/04/02--01062--005
****750.00 ****750.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6661 LAKE BLUE DRIVE

3. Mailing Address
6661 LAKE BLUE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FLORIDA

City & State
MIAMI LAKES, FLORIDA

4. FEI Number
65-0561621

Applied For
Not Applicable

Zip
33014

Country

Zip
33014

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: SANDRA E. GARCIA

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

6661 Lake Blue DRIVE

City MIAMI LAKES

FL

Zip Code
33014

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

Sandra E. Garcia

9/27/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PS
NAME RICARDO GARCIA
STREET ADDRESS 6661 Lake Blue Drive
CITY-ST-ZIP Miami Lakes, Florida 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT
NAME SANDRA E. GARCIA
STREET ADDRESS 6661 Lake Blue Drive
CITY-ST-ZIP Miami Lakes, Florida 33014

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Sandra E. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02 305-962-2030
Date Daytime Phone #

CR2E034B (12/01)

pg 2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 1998 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED...

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY...


Sandra E. GARCIA
V-PRESIDENT