

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024410

1. Entity Name

FIESTA MARKETING, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 030 ***550.00

Principal Place of Business

2537 A N.W. 72ND AVENUE
MIAMI FL 33122

Mailing Address

2537 A N.W. 72ND AVENUE
MIAMI FL 33122

2. Principal Place of Business

2537 A NW 72 AVE

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33122

City & State

Miami Florida

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0734972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GARCIA, MICHAEL
1928 PURDY AVENUE #1901
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name Michael P. Garcia
Street Address (P.O. Box Number is Not Acceptable)
1900 Sunset Harbor Dr. #1901
City Miami Beach FL Zip Code 33139

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

Michael P. Garcia

7-7-00

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, ALEXANDER	
STREET ADDRESS	1928 PURDY AVENUE #1901	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, MICHAEL	
STREET ADDRESS	1928 PURDY AVENUE #1901	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ALEXANDER	
STREET ADDRESS	1900 Sunset Harbor Dr. #1901	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MICHAEL	
STREET ADDRESS	1900 Sunset Harbor Dr. #1901	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 life empowered.

SIGNATURE:

Michael P. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00 (305) 994 7595

Date

Daytime Phone #

CR2004-135001