2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000076032** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** C B GARCIA HOLDINGS, INC. 01-24-2000 90007 004 ***150.00 Principal Place of Business Mailing Address 160 NW 127TH AVE. 160 NW 127TH AVE. MIAM! FL 33182-1114 MIAMI FL 33182 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, CONRADO Street Address (P.O. Box Number is Not Acceptable) 160 NW 127TH AVE. **MIAMI FL 33182** Zip Code FŁ 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change Change ☐ Delete TITLE TITLE GARCIA, CONRADO NAME NAME STREET ADDRESS 160 NW 127TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE GARCIA, ANGELA NAME STREET ADDRESS STREET ADDRESS 160 N W 127TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 ☐ Change ■ Addition TITLE Delete TITLE GARCIA, ANGEL, M.M.D. NAME NAME ~ 23399 SERENE MEADOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33428** TITLE ☐ Change Addition TITLE ☐ Delete GRIFFITH, SYLVIA G NAME NAME STREET ADDRESS 6535 F. PARKVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition TITLE ☐ Delete TITLE GRIFFITH, NICHOLAS C NAME MAME 6535 F. PARKVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition ☐ Delete TITLE TITLE NAME GARCIA, TIM E NAME 7488 SILVERWOODS COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone A