

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90124 026 ***150.00

DOCUMENT # P97000091234

1. Entity Name
GARCIA PRODUCTION GROUP, INC.

*6141 Vista Linda Lane
 Boca Raton FL 33433*

Principal Place of Business

~~220 SE MIZNER BLVD~~

~~#207~~

BOCA RATON FL 33432 *33433*

Mailing Address

P.O. BOX 273442

BOCA RATON FL 33427 ✓

2. Principal Place of Business

6141 Vista Linda Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 273442

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton Florida

Zip
33433

Country
WP

City & State
Boca Raton Florida

Zip
33427

Country
WP

4. FEI Number **65-0791039**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOODWIN-GARCIA, BRENDA L

~~220 SE MIZNER BLVD~~

~~#207~~

BOCA RATON FL 33432

*6141 Vista Linda Ln.
 Boca Raton, FL
 33433*

7. Name and Address of New Registered Agent

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-02

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, 2002 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

TITLE **PD**
 NAME **GARCIA, EDGAR**
 STREET ADDRESS *6141 Vista Linda Lane*
 CITY-ST-ZIP **BOCA RATON FL 33433**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02 *5617020214*

Date

Daytime Phone #

CR2E034 (9/01)