

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90093 048 ***150.00

DOCUMENT # P97000094809

1. Entity Name

GARCIA & DOMINGUEZ, P.A.

Principal Place of Business

**1101 BRICKELL AVE
 STE 1801
 MIAMI FL 33131
 US**

Mailing Address

**1101 BRICKELL AVE
 STE 1801
 MIAMI FL 33131-3121
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DOMINGUEZ, HUMBERTO R
 3745 SW 60 PLACE
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **Humberto R. Dominguez**
 Street Address (R.O. Box Number is Not Acceptable) **1101 Brickell Ave**
 Suite **1801**
 City **Miami,** FL Zip Code **33131**

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] **Humberto R. Dominguez, Pres.** **1-8-00**
 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 \$150.00
After MAY 1, 2000 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	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, HUMBERTO R	
STREET ADDRESS	3491 NW 20 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS	
STREET ADDRESS	3491 NW 20 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Humberto R. Dominguez	
STREET ADDRESS	1101 Brickell Ave. Suite 1801	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	Vice President, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Garcia	
STREET ADDRESS	1101 Brickell Ave, Suite 1801	
CITY-ST-ZIP	Miami, FL 33131	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-00 (305) 371-3777

CR2E034 (9/99)