

•

1. Entity Name

03-08-2000 90066 009 ***150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.Suite, Apt. #, etc.City & StateCity & State4. FEI Number **65-0836240**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

GARCIA, PEDRO J
13756 SW 48 ST
MIAMI FL 33175

Name _____

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

CityFLZip 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

(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 DIRECTORS12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, PEDRO J	
STREET ADDRESS	13756 SW 48 ST	
CITY - ST - ZIP	MIAMI FL 33175	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DATE	TIME	BY	REMARKS	STATUS
NAME					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY - ST - ZIP					

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Delete
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 I have provided 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 or a person who has been authorized to accept service of process on behalf of the corporation; that I am an officer or director or a person who has been authorized to accept service of process on behalf of the partnership; or that I am an officer or director or a person who has been authorized to accept service of process on behalf of the limited liability company; and that my name appears in Block 11 or Block 12 if applicable.

SIGNATURE: [Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 305-220-4956
Date Daytime Phone #

CR2E034 (9/99)