

# 2001 UNIFORM BUSINESS REPORT (UBR)

0096083

DOCUMENT # P98000067823

1. Entity Name

GARCIA, LORENZO, JACOBS & ASSOCIATES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 28 PM 1:02

Principal Place of Business

Mailing Address

16533 NW 57 AVE  
HIALEAH FL 33014

16533 NW 57 AVE  
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

6527 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

4. FEI Number 65-0854578

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-SIAM, FRANK ESQ  
265 SEVILLA AVENUE  
CORAL GABLES FL 33134

Name FRANK PEREZ-SIAM ESQ

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

4100 SW 57TH Avenue

City MIAMI

FL

Zip Code 33155

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/27/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JACOBS, MARIO J  
STREET ADDRESS 7942 SW 89 ST  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000004621310--4  
-10/03/01--01029--008  
\*\*\*\*750.00 ☐ Change ☐ Addition

TITLE VP  
NAME GARCIA, JOSE M  
STREET ADDRESS 8913 SW 113 PL  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE D  
NAME JACOBS, JACQUELINE  
STREET ADDRESS 7942 SW 89 ST  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE VP  
NAME LORENZO, JANET  
STREET ADDRESS 8963 SW 113 PL  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 supplementary 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO J JACOBS

9/27/01

305 785-8493

Date

Daytime Phone #

CR2E034 (10/00)