

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022967

1. Entity Name
SERVICENTRO GARCIA, INC.

Principal Place of Business Mailing Address
6631 N.W. 73RD CT. 6631 N.W. 73RD CT.
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

05-03-2001 90097 022 ***150:00
P99000022967

FILED

01 OCT 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1087080** Applied For
Not Applicable

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

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD GARCIA, JUAN C 6631 N.W. 73RD CT. MIAMI FL 33166	<input type="checkbox"/>		
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CR2E034 (10/00)

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: **04/30/2001 (305) 649 7128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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10-23-01

TO: DIVISION OF CORPORATIONS

FROM: SERVICENTRO GARCIA
c/o JUAN CARLOS GARCIA

AS PER YOUR REQUEST DURING OUR TELEPHONE CONVERSATION THAT TOOK PLACE WITH MS. MARGRITA, I HEREBY ADVISE YOU IN WRITING THAT OUR COMPANY "NEVER" RECEIVED IN WRITING ANY NOTICES ADVISING US THAT OUR CORPORATION WAS BEING INVOLUNTARILY DISSOLVED DUE TO THE LACK OF OUR FEI NUMBER MISSING ON OUR ANNUAL REPORTS.

65-1087080

ATTACHED YOU WILL FIND COPIES OF OUR SS4 APPLICATION TOGETHER WITH A COPY OF THE FEI THAT HAS BEEN ASSIGNED TO US.

I WOULD CERTAINLY APPRECIATE YOUR COOPERATION AND UNDERSTANDING IN WAIVING THE \$600⁰⁰ RE-INSTATEMENT FEE AS AGAIN I REITERATE THAT WE NEVER RECEIVED ANY PREVIOUS NOTICES.

MY DAYTIME PHONE NUMBER WHICH IS ALSO MY FAX NUMBER IS 305-643-6600.

Respectfully,

