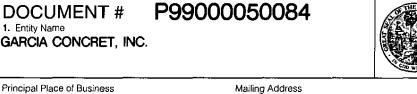
FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90108 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

GARCIA CONCRET, INC.



				1					
Principal Place of Business 5025 SW 133 CT DR MIAMI FL 33175		5025	Mailing Address 5025 SW 133 CT DR MIAMI FL 33175						
2. Principal Place of Business		3. Ma	3. Mailing Address			T (DERIVED) THE TOTAL THEIR BOURD BONKS ENVIR BOTTLE BONKS			
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Çity & State		City	City & State			4. FEI Number 65-0925762 Applied For Not Applicable			
Zip -	Country	Zip		Country	, ,= ,	_5. C	ertificate of Status Desired	\$8.75 Ac	ditional
	6. Name and Address of Currer	nt Register	ed Agent			7. N	ame and Address of New Registered		
04804 00048			1		me				
GARCIA, OSCAR 5025 SW 133 CT DR			Street Addre			(P.O. Box Number is Not Acceptable)			
MIAMI FL 33175									
1710 040 1 2	· /			City	· · · · · · · · · · · · · · · · · · ·		FI.	Zip Co	de
• The shows	named antity submits this statement	for the pure	and of changing its		<u> </u>		ent, or both, in the State of Florida. I am	<u> </u>	
	tions of registered agent.	or the bolt	Jose of Chariging its i	registered offi	ce or register	eu aye	ant, or botti, ii) the state of Fightia. Tain	Tarrillar Wife	, and accept
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if ap	plicable. (NOTE:	: Registered Agent	signature required	when rei	nstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AN	D DIRECTO	ORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 11
TITLE	PSTD GARCIA, OSCAR		☐ Delete	TITLE				☐ Change	Addition Addition
NAME STREET ADDRESS	5025 SW 133 CT DR			NAME STREET ADDE	RESS				
CITY-ST-ZIP	MIAMI FL 33175			CITY-ST-ZIP	1				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS				NAME STREET ADDR	aree				
CITY-ST-ZIP				CITY-ST-ZIP				_	
TITLE			☐ Delete	TITLE			······································	☐ Change	Addition
NAME				NAME				_	
STREET ADDRESS				STREET ADDR					
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				STREET ADDR	RESS				
CITY-ST-ZIP	,			CITY-ST-ZIP					
TITLE		•	☐ Delete	TITLE			***	☐ Change	Addition
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP				STREET ADDR					
				CITY-ST-ZIP					
TITLE NAME			☐ Delete .	. TITLE NAME				Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP