2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000051025 Aug 15, 2000 8:00 am Secretary of State 1. Entity Name GARCIA CARPENTER, INC. 08-15-2000 90003 023 ***150.00 Principal Place of Business Mailing Address 3133 W 69 PLACE 3133 W 69 PLACE HIALEAH FL 33016 HIALEAH FL 33018-5267 2. Principal Place of Business 3. Mailing Address ...Suite, Apt. #, etc._ "Suite,"Apt-#, etc. - ----City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, YANIER ARLEY Street Address (P.O. Box Number is Not Acceptable) 3133 W 69 PLACE HIALEAH FL 33016 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY:1, 2000 Fee will be \$550:00 --Trust Fund Contribution. Added to Fees (See <u>cri</u>teria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE NAME GARCIA, YANIER ARLEY NAME STREET ADDRESS STREET ADDRESS 3133 W 69 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change - Addition TITLE ☐ Delete ✓ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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.

Davtime Phone #



TO WHOM IT MAY CONCERN

I YANIER ARLEY GARCÍA RECEIVED THE LETTER 01 AUGUST 2000 THISCORPORATION ONLY SHE HAS ONE YEAR AND I DIDN'T HAVE KNOWLEDGE THAT SHE WAS NECESSARY TO PAY ANNUAL REPORT I WAIT THEY EXCUSE ME.

YANIER ARLEY GARCÍA

PRESIDENT