FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90188 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051025

90135914

1. Entity Name
GARCIA CARPENTER, INC.

Principal Place of Business	Mailing Address
3115 NW 51 STREET HIALEAH, FL 33016	P.O. BOX 161332 HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
3515 NW 51 Street	3515 NW 51 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33142 Country: USA	Zip: 33142 Country: DADE/USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0924813 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, YANIER ARLEY
3133 W 69 PLACE
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, YANIER ARLEY 3133 W 69 PLACE HIALEAH, FL 33016 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARCIA YANIER ARLEY 3515 NW 51 Street MIAMI FL 33142 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: [signature] 4/30/3 (305) 633-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #