

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90006 043 \*\*\*150.00

**DOCUMENT # P99000059477**

1. Entity Name

**ETCHED IN MY MIND, INC.**

Principal Place of Business

Mailing Address

**348 S.W. 31ST RD.  
MIAMI FL 33129**

**348 S.W. 31ST RD.  
MIAMI FL 33129-2629**

2. Principal Place of Business

3. Mailing Address

**6619 S. Dixie Highway**

**6619 S. Dixie Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 149**

**# 149**

City & State

City & State

**miami, FL**

**miami, FL**

Zip

Country

**33143**

**USA**

Zip

Country

**33143**

**USA**

4. FEI Number

**65-0929115**

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

**SALAZAR, LISSETTE  
348 S.W. 31ST RD.  
MIAMI FL 33129**

Name

**Lillian Garcia**

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

**6619 S. Dixie Highway**

**#149**

City

**miami**

**FL**

Zip Code

**33143**

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. 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, 2000 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Lillian Garcia  
6619 S. Dixie Highway, #149  
Miami, Florida 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Nestor Garcia  
6619 S. Dixie Highway, #149  
Miami, Florida 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)