

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90328 045 ***150.00

DOCUMENT # P99000073597

1. Entity Name

UNITED BREAKERS ASSOCIATION, INC.

Principal Place of Business

**195 NORTH LAKE CT
 KISSIMMEE FL 34743**

Mailing Address

**195 NORTH LAKE CT
 KISSIMMEE FL 34743**

2. Principal Place of Business

3. Mailing Address

101 North Ocean Drive

101 North Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

suite 562

suite 562

City & State

City & State

Hollywood Beach FL

Hollywood Beach FL

Zip

Country

Zip

Country

33019

USA

33019

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3590778

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

**GARCIA, MICHAEL M
 195 NORTH LAKE CT
 KISSIMMEE FL 34743**

Name

Michael M. Garcia

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

101 North Ocean Drive Suite 562

City

Hollywood Beach

FL

Zip Code

33019

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

Michael M. Garcia
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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, 2002 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 **P** ☐ Delete
 NAME **GARCIA, MICHAEL M**
 STREET ADDRESS **195 NORTH LAKE CT**
 CITY-ST-ZIP **KISSIMMEE FL 34743**
101 North Ocean Drive Suite 562 Hollywood Beach, FL 33019

TITLE *President* ☒ Change ☐ Addition
 NAME *Michael M. Garcia*
 STREET ADDRESS *101 North Ocean Drive Suite 562*
 CITY-ST-ZIP *Hollywood Beach, FL 33019*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

Michael M. Garcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

Daytime Phone #

CR2E034 (9/01)