

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90044 046 \*\*\*150.00

**DOCUMENT # P99000092318**

1. Entity Name

GARCIA DOLLAR STORE INC.

Principal Place of Business

8925 N.W. 119TH TERRACE  
HIALEAH GARDENS FL 33018

Mailing Address

8925 N.W. 119TH TERRACE  
HIALEAH GARDENS FL 33018

2. Principal Place of Business

2050 W. 56 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

4. FEI Number 65-0984702

Applied For

Not Applicable

Zip

Country

Zip

Country

33016

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, OLIVIA  
8925 N.W. 119TH TERRACE  
HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

Name

OLIVIA GARCIA

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

2050 W. 56 ST.

City

HIALEAH

FL

33016

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

(X) OLIVIA GARCIA

(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, 2001 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

TITLE PD  
NAME GARCIA, OLIVIA  
STREET ADDRESS 8925 N.W. 119TH TERRACE  
CITY-ST-ZIP HIALEAH GARDENS FL 33018

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PITS/D  
NAME GARCIA, OLIVIA  
STREET ADDRESS 2050 W. 56 ST.  
CITY-ST-ZIP HIALEAH, FL. 33016

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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:

(X) OLIVIA GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0101181