

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90026 038 ***150.00

DOCUMENT # P99000109803

1. Entity Name

JAMES GARZA, INC.

Principal Place of Business

6114 BLUEGRASS CIRCLE
 LAKE WORTH FL 33463

Mailing Address

6114 BLUEGRASS CIRCLE
 LAKE WORTH FL 33463

2. Principal Place of Business

11668 Hackberry St

Suite, Apt. #, etc.

3. Mailing Address

11668 Hackberry St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Bch Gdns, FL

Zip
33410

Country
USA

City & State
Palm Bch Gdns, FL

Zip
33410

Country

4. FEI Number

65-0969608

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

JAMES GARZA

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

11668 Hackberry ST

City

Palm Bch Gdns

FL

Zip Code

33410

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

James Garza

1-29-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
GARZA, JAMES
6114 BLUEGRASS CIRCLE
LAKE WORTH FL 33463

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

James Garza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

Daytime Phone #

CR2E034 (10/00)