

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28197

1. Entity Name

GARCIGA TRAVEL COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90021 008 ***150.00

Principal Place of Business

Mailing Address

~~1517 1/2 S. DALE MABRY~~
~~TAMPA FL 33620~~

~~1517 1/2 S. DALE MABRY~~
~~TAMPA FL 33629-5808~~
~~US~~

2. Principal Place of Business

3021 West Azeele Str.
Suite, Apt. #, etc.

3. Mailing Address

3021 West Azeele Str.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3124985

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

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

GARCIGA, MARIA N.
4111 FIG ST
TAMPA FL 33609

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.

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 PCD ☐ Delete
NAME GARCIGA, MARIA N.
STREET ADDRESS 4111 FIG ST
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Tampa, FL 33609

TITLE SD ☐ Delete
NAME GARCIGA, SANTIAGO J.
STREET ADDRESS 8845TH AVE
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 88 45th Ave
CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)