

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90158 008 ****50.00

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DOCUMENT # L01000009786

1. Entity Name
COSTADELSOL ENTERPRISES, LLC

Principal Place of Business 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131
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2. Principal Place of Business 7500 W 18th LN.	3. Mailing Address 7500 W 18th LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-1118359	Applied For <input type="checkbox"/> Not Applicable
Zip 33014	Country USA	Zip 33014	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DPST <input type="checkbox"/> Delete Figueroa Matheu, Gustavo 701 Brickell Ave., Ste. 3000 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete de Figueroa, Nidia Almareth Olano 701 Brickell Ave., Ste. 3000 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DPST <input type="checkbox"/> Change <input type="checkbox"/> Addition GUSTAVO FIGUEROA MATHEU 7500 W 18th LN. MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NIDIA ALMARETH OLANO DE FIGUEROA 7500 W 18th LN MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **REQUIRED** **04/08/02 305-827-6393**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)