Feb 04 03 02:16p EXPRESS 30

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90211 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098680

1. Entity Name
VIRGINIA M. COSTA, P.A.

70043979

Principal Place of Business
~~1101 BRICKELL AVENUE~~
~~SUITE 1801~~
~~MIAMI, FL 33131~~

Mailing Address
~~1101 BRICKELL AVENUE~~
~~SUITE 1801~~
~~MIAMI, FL 33131~~

2. Principal Place of Business	3. Mailing Address
848 Brickell Key Dr.	848 Brickell Key Dr
Suite, Apt. # etc. #803	Suite, Apt. # etc. #803
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country	Zip 33131 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1146135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, VIRGINIA M
1101 BRICKELL AVENUE
SUITE 1801
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Virginia M. Costa
Street Address (P.O. Box Number Is Not Acceptable)
848 Brickell Key Dr. #803
City Miami FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/16/03
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COSTA, VIRGINIA M 1101 BRICKELL AVENUE SUITE 1801 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #