

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90092 044 \*\*\*158.75

**DOCUMENT # P98000025499**

1. Entity Name  
**ACOSTA & SH. INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>745 WEST 74TH PLACE<br/>         HIALEAH FL 33014</b> | Mailing Address<br><b>745 WEST 74TH PLACE<br/>         HIALEAH FL 33014</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

4. FEI Number **65-0831581** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SHIHADA, ROSA ACOSTA**  
**745 WEST 74TH PLACE**  
**HIALEAH FL 33014**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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          | PS                   | <input type="checkbox"/> Delete |
| NAME           | SHIHADA, ROSA ACOSTA |                                 |
| STREET ADDRESS | 745 WEST 74TH PLACE  |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33014     |                                 |
| TITLE          | VPT                  | <input type="checkbox"/> Delete |
| NAME           | SHIHADA, HASAN       |                                 |
| STREET ADDRESS | 745 WEST 74TH PLACE  |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33014     |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:** *Rosa Acosta* **8/7/2002** (305) 512-9448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

CR2E034 (9/01)

# Attachment

August 7, 2002

Fla. Dept. of State  
Uniform Business Report Filings  
P.O. BOX 1500  
Tallahassee, Florida 32302-1500

Re: Acosta & Sh., Inc  
Document No. P98000025499

Enclosed, please FIND A CHECK IN THE AMOUNT OF \$150.00 to cover  
the fees for renewal of year 2002.

I did not mail it before because I was very sick and I could'nt *REAG*  
the mail when it was received.

Please, renew my corporation for this year and be good enough to  
abate the penalties. The business is very slow and I can't afford  
the penalties.

Thank you very much for your understanding and kindness.

Cordially,



Hasan Shihada, Vice-President

P.D. I AM LATE AGAIN, BECAUSE I COULD NOT  
GET THE MONEY FOR THE RENEWAL.