

2002-UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90092 044 ***158.75

DOCUMENT # P980000254991. Entity Name
ACOSTA & SH. INC.

Principal Place of Business

**745 WEST 74TH PLACE
HIALEAH FL 33014**

Mailing Address

**745 WEST 74TH PLACE
HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PS** ☐ Delete
NAME **SHIHADA, ROSA ACOSTA**
STREET ADDRESS **745 WEST 74TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33014**TITLE **VPT** ☐ Delete
NAME **SHIHADA, HASAN**
STREET ADDRESS **745 WEST 74TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33014**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime 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 couldn't *REPLY*
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.