

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 035 ***158.75

DOCUMENT # P98000025499

1. Entity Name
ACOSTA AND SH. INC



DO NOT WRITE IN THIS SPACE

50055966

2. Principal Place of Business
17220 N W 56 Ave

3. Mailing Address
P O Box #139111

Suite, Apt. #, etc.
Miami FL 33055

Suite, Apt. #, etc.
Hialeah FL 33013

City & State

City & State

4. Filing Number
65-0831581

Applied For

Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
SHIHADA, ROSA ACOSTA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SHIHADA, ROSA ACOSTA
17220 NW 56 Ave. Miami FL
33055**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT SHIHADA, HASAN
17220 NW 56 AVE
MIAMI FL 33055**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shihada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July, 12, 2005

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

50055966

July 15, 2005

Florida 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 2005.

I did not mail it before because I did not receive the form for renewal.
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 penalties.

Thank you very much for your understanding and kindness

Cordially,



Hasan Shihada, Vice President