

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90031 020 ***158.50

DOCUMENT # P98000025499

1. 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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **SHIHADA, ROSA ACOSTA**
STREET ADDRESS **745 WEST 74TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **SHIHADA, HASAN**
STREET ADDRESS **745 WEST 74TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment#
50149081
P980000025499

Sept 16, 2003

Gentlemen;

I am enclosing my Renewal of exp.
ACFTA & FBI. ID.

I didn't receive the Fingers on time
BECAUSE I WAS SICK AT THE HOSPITAL.
AND I WAS TEMPORARILY DISABLED FOR
SEVERAL MONTHS.

PLEASE TAKE THIS INTO CONSIDERATION
TO RENEW MY CONFIDENTIAL

Thanking you in advance for
your kind attention.

Truly yours

Whitaker