

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90195 043 \*\*\*150.00

**DOCUMENT # 490680**

1. Entity Name

**KOSTA INTERNATIONAL, CORP.**

Principal Place of Business

~~8355 NW 74 ST~~  
~~MIAMI FL 33166~~

Mailing Address

~~8355 NW 74 ST~~  
~~MIAMI FL 33166~~

2. Principal Place of Business

**3900 NW 79 AVE.**

3. Mailing Address

**P.O. BOX**

Suite, Apt. #, etc.

**SUITE #640**

Suite, Apt. #, etc.

**522844**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**59-1747464**

Applied For

Not Applicable

Zip

**33166**

Country

**DADE**

Zip

**33152**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEL REY, WALDO**

~~6834 NW 77TH COURT~~  
**MIAMI FL 33166**

**3900 NW 79 AVE. #640**  
**MIAMI, FL. 33166**

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PSD**  
 NAME **DEL REY, WALDO**  
 STREET ADDRESS **6834 NW 77 COURT**  
 CITY-ST-ZIP **MIAMI FL**  
☐ Delete

TITLE **VTD**  
 NAME **DEL REY, ALICIA**  
 STREET ADDRESS **6834 NW 77 COURT**  
 CITY-ST-ZIP **MIAMI FL**  
☐ Delete

TITLE  
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 STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

**ALICIA DEL REY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**305 591-7550**

Daytime Phone #

CR2E034 (9/01)