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

Mailing Address

## **DOCUMENT#**

659631

1. Entity Name

COSTA RANCH, INC.

Principal Place of Business



## **FILED** Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90182 006 \*\*\*150.00

Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES				% ANTONIO C. DIAZ CPA 9145 S.W. 40TH STREET. #1A MIAMI FL 33165 US 3. Mailing Address			# ANTONIO C. DIAZ CPA 9145 S.W. 40TH STREET. #1A MIAMI FL 33165 US 2. Principal Place of Business			
City & State  Country  So Country  So Certificate of Status Desired  State Desired  State Desired  State Desired  Street Address of New Registered Agent  Native  T. Name and Address of New Registered Agent  Native  T. Name and Address of New Registered Agent  Native  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Signature	1 61511 /514				lling Address	3. IVIai	ness	riace of busin	z. Frincipai i	
Zip Country Zip Country 59-2328727   Not App	CHECK HERE IF MAKING CHANGES			Suite, Apt. #, etc.			Suite, Apt. #, etc.			
Country   Zip   Country   S. Certificate of Status Deaired   \$8.75 Additional Fee Required   \$8.75 Additional   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$8.75 Additional   \$8.75 Additional Fee Required   \$8.75 Additional Fee Requ	lied For Applicable	59-2328727	4. FEI Nun	City & State			City & State			
ALEXANDER, LOUIS 12100 S.W. 47TH STREET  MIMAI FL 33175  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 a rive obligations of registered agent and tibel if applicable. (INOTE Registered Agent signature required whon reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 MAKE STREET ADDRESS  CITY-S1-ZIP  TILE MAME  MIMAI FL 33175  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 MAKE STREET ADDRESS  CITY-S1-ZIP  TILE MAME  STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S1-ZIP  TILE MAME STREET ADDRESS  CITY-S		5. Certificate of Status Desired \$8.75 Additional		Country . 5.		Zip	Country		Zip	
ALEXANDER, LOUIS  12100 S.W. 47TH STREET  MIMAI FL 33175  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 familitar with, and a type colligations of registered agent.  Signuture, typed or primed name of registered agent and site if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILE  MAME  STREET ADDRESS  ST				Registered Agent			6. Name and Address of Current			
12100 S.W. 47TH STREET MIMAI FL 33175  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 a rije obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  MAKE  ALEXANDER, LOUIS  STREET ADDRESS  12100 S.W. 47TH STREET  MIMAI FL 33175  Delete  TITLE  MAKE				-Name -	Na					
City   FL   Zip Code	(P.O. Box Number is Not Acceptable)			Street A			ALEXANDER, LOUIS			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a life obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	, i.o. bex Norther to Not Acceptable)			00017.			REET	v. 47th st	12100 S.V	
B. 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 a rive obligations of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  MAKE STREET ADDRESS STREET ADDRESS 12100 S.W. 47TH STREET MIMAI FL 33175  Delete  TITLE  MAME STREET ADDRESS STREET								33175	MIMA! FL	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		FL Zip Code		City					¢	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME ALEXANDER, LOUIS 12100 S.W. 47TH STREET MIMAI FL 33175  Delete  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	id accept	nt, or both, in the State of Florida. I am familiar with, a	istered agent, or l	istered office or	ose of changing its reg	t for the purp				
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	Addition	Change		TITLE NAME STREET ADDRESS	□ Delete				ITLE IAME TREET ADORESS	
TREET ADDRESS AME STREET ADDRESS CITY-ST-ZIP  2. 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 country 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 direction of the country 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 direction of the country 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 direction of the country 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 direction of the country 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 direction of the country 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 direction of the country indicated on the country	Addition	19.07(3)(i). Florida Statules. I further certify that the inf	n Section 119.07(	NAME STREET ADDRESS CITY-ST-ZIP exemption state	does not qualify for the	ith this filing	e information supplied w	ertify that the	TREET ADDRESS   TITY-ST-ZIP	

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

SIGNATURE: