

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49331

1. Entity Name

COSTA WHOLESALE HARDWARE, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90158 004 \*\*\*150.00

Principal Place of Business

6520 S W 116TH STREET  
MIAMI FL 33156  
US

Mailing Address

COSTA WHOLESALE  
PO BOX 562101  
MIAMI FL 33256-2101  
US

2. Principal Place of Business

10540 S.W. 140 ST.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 562101

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

59-2506594

Applied For

Not Applicable

Zip 33176

Country

DADE

Zip

33156

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COSTA, JULIAN  
351 W 21 STREET  
HIALEAH FL 33010

→ SEE NEW ADDRESS  
BELOW

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, 2000 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 PD  
NAME COSTA, JULIAN  
STREET ADDRESS 10540 S.W. 140TH STREET  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE D  
NAME COSTA, VIRGINIA M  
STREET ADDRESS 10540 S.W. 140TH STREET  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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 #

4/20/00 305 8583348

CR2E034 (9/99)