

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90049 038 \*\*\*150.00

**DOCUMENT # K61586**

1. Entity Name

**THE COSTOYA PARTNERSHIP INC.**

Principal Place of Business

% DOMINGO H. COSTOYA  
 8900 S.W. 117 AVENUE, SUITE B-105  
 MIAMI FL 33186

Mailing Address

% DOMINGO H. COSTOYA  
 8900 S.W. 117 AVENUE, SUITE B-105  
 MIAMI FL 33186

10803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4960 S.W. 72 AVENUE**

3. Mailing Address

**4960 S.W. 72 AVENUE**

Suite, Apt. #, etc.

**SUITE 310**

Suite, Apt. #, etc.

**SUITE 310**

City & State

**MIAMI, FLORIDA.**

City & State

**MIAMI, FLORIDA.**

4. FEI Number

**65-0100668**

Applied For

Not Applicable

Zip

**33155**

Country

**U.S.A.**

Zip

**33155**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTOYA, DOMINGO H.**  
**8900 SW 117TH ST.**  
**SUITE B 105**  
**MIAMI FL 33186**

Name

**COSTOYA, DOMINGO H.**

Street Address (P.O. Box Number is Not Acceptable)

**4960 S.W. 72 AVENUE**

**SUITE 310**

City

**MIAMI**

**FL**

Zip Code

**33155**

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]* **DOMINGO H. COSTOYA**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>COSTOYA, DOMINGO H.</b>               |
| STREET ADDRESS | <b>1610 S.W. 92ND AVE</b>                |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                          |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>COSTOYA, FRANCISCO, JR.</b>           |
| STREET ADDRESS | <b>13288 NW 12TH CT</b>                  |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>                  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <i>[Signature]</i>   |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **DOMINGO H. COSTOYA**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 6693923**

CR2E034 (10/00)