

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

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90096 034 \*\*\*150.00

**DOCUMENT #**

K61586

1. Entity Name

The Costoya Partnership, Inc.



**DO NOT WRITE IN THIS SPACE**

00060567

2. Principal Place of Business

3850 S.W. 87th Avenue

3. Mailing Address

3850 S.W. 87th Avenue

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0100668

Applied For

Not Applicable

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Domingo H. Costoya

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

1610 S.W. 92nd Avenue

City

Miami

FL

Zip Code

33165

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.

March 5, 2003

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

D

NAME

Costoya, Domingo H.

STREET ADDRESS

1610 S.W. 92nd Avenue

CITY-ST-ZIP

Miami, Florida 33165

TITLE

D

NAME

Costoya, Domingo H, Jr.

STREET ADDRESS

1610 S.W. 92nd Avenue

CITY-ST-ZIP

Miami, Florida 33165

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address within other like empowered.

SIGNATURE:

*Domingo H. Costoya* DOMINGO H. COSTOYA

3-05-03 (305) 485-7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)