

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009583

1. Entity Name

THE ACOSTA GROUP, LLC

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90255 017 \*\*\*\*50.00

Principal Place of Business

801 SOUTH UNIVERSITY DRIVE  
SUITE K-103A  
PLANTATION FL 33324

Mailing Address

801 SOUTH UNIVERSITY DRIVE  
SUITE K-103A  
PLANTATION FL 33324

960482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 Ponce De Leon Blvd

3. Mailing Address

2000 Ponce De Leon Blvd

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

US

Zip

33134

Country

US

4. FEI Number

65-1113043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-MEDINA, ROLAND JR ESQ.  
201 SOUTH BISCAYNE BLVD.  
SUITE 22003A  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Mario R. Delgado, P.A.

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

2000 Ponce De Leon Blvd

#102

City

Coral Gables

FL

Zip Code

33134

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/30/02

954-343-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)