

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0016166

DOCUMENT # L01000009583

1. Entity Name

THE ACOSTA GROUP, LLC



FILED

03 APR 28 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2000 PONCE DE LEON BLVD.
SUITE 102
CORAL GABLES FL 33134

2000 PONCE DE LEON BLVD.
SUITE 102
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

90 MARIO R. DELGADO, PA

90 MARIO R. DELGADO, PA

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

2000 PONCE DE LEON BLVD.

2000 PONCE DE LEON BLVD.

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip

Country

33134

US

Zip

Country

33134

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

7. Name and Address of New Registered Agent

DELGADO, MARIO R P.A.
2000 PONCE DE LEON BLVD.
SUITE 102
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

800017120198
8/28/03--01014--009 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PDST
NAME ACOSTA, NELSON
STREET ADDRESS 801 S. UNIVERSITY DR. - SUITE K-103A
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

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☐ Change ☐ 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

4-23-03

921-888-6411

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

Date

Daytime Phone #

CR2E083 (10/02)