

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

03-14-2002 90008 014 ****50.00

DOCUMENT # L01000014209

1. Entity Name

ACOSTA, GUERRA, VILCHEZ, PARALEGAL & ASSOCIATES, LLC

Principal Place of Business

8216 N.W. 68TH STREET
MIAMI FL 33166

Mailing Address

8216 N.W. 68TH STREET
MIAMI FL 33166

2. Principal Place of Business

4505 NW 74 Avenue

3. Mailing Address

4505 NW 74 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FLCity & State
Coral Springs, FL

4. FEI Number

N/A

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, MARTHA C
8216 N.W. 68TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name - ACOSTA, MARTHA C

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

4505 NW 74 Avenue

City Coral Springs FL Zip Code 33065

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/17/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Member MARTHA A. Acosta 4505 NW 74 Ave Coral Springs, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicente Vilchez - Member 4505 NW 74 Ave Coral Springs, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA M. Guerra Member 4505 NW 74 Ave Coral Springs, FL 33065	<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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/06/02 (954) 255-3698

Date

Daytime Phone #

CR2E083 (9/01)