

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

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

**2002 UNIFORM BUSINESS REPORT (UBR)**

**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

32015

2. Principal Place of Business

4505 NW 74 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4505 NW 74 Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL

4. FEI Number  
N/A

Applied For  
 Applied For  
 Not Applicable

Zip  
33065

Country  
U.S.A.

Zip  
33065

Country  
U.S.A.

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

05/17/02

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

CFR2E083 (9/01)

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:

02/06/02 (954) 255-3698

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

Date

Daytime Phone #