

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90102 011 ***150.00

DOCUMENT # L01999

1. Entity Name
ACOSTA BRAIDS NURSERY INC.

Principal Place of Business

~~% PRAGMACIO ACOSTA~~
 21001 SW 172ND AVE
 MIAMI FL 33187

Mailing Address

~~% PRAGMACIO ACOSTA~~
 21001 SW 172ND AVE
 MIAMI FL 33187



2. Principal Place of Business

Acosta Braids Nursery
 Suite, Apt. #, etc.
 21001 SW 172 Ave.

Mailing Address

Acosta Braids Nursery, Inc.
 Suite, Apt. #, etc.
 21001 SW 172 Ave.

DO NOT WRITE IN THIS SPACE

City & State
 Miami FL 33187

City & State
 Miami, FL

4. FEI Number **65-0136513**

Applied For
 Not Applicable

Zip
 USA

Zip
 33187

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, FLORA B
 21001 SW 172ND AVE
 MIAMI FL 33187

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, BERNARDO	
STREET ADDRESS	15600 S.W. 145 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD -D-P	<input type="checkbox"/> Delete
NAME	GONZALEZ, FLORA B	
STREET ADDRESS	14950 SW 248 ST	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Flora B. Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/02

Day Phone #

(305) 252-6442

CR2E034 (9/01)