

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002800

1. Entity Name

ACOSTA CAPITAL MANAGEMENT GROUP LLC COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10: 02

ny



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11212 SAILBROOKE DR.
RIVERVIEW FL 33569

Mailing Address

11212 SAILBROOKE DR.
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN# 59-357-9427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, NICOLE
11212 SAILBROOKE DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ACOSTA, EARL
CITY-ST-ZIP 11212 SAILBROOKE DR.
RIVERVIEW FL 33569

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ACOSTA, ASKIA
CITY-ST-ZIP 11212 SAILBROOKE DR.
RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
600003384536--7
-09/06/00--01114--018
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-29-2000 813-6723620

CP2E083 (5/00)