

2001 UNIFORM BUSINESS REPORT (UBR)

0233993

DOCUMENT # P00000077313

1. Entity Name
ACOSTA FINANCIAL, INC.

FILED

01 APR -6 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
15326 SOUTHWEST 54TH TERRACE
MIAMI FL 33185

Mailing Address
15326 SOUTHWEST 54TH TERRACE
MIAMI FL 33185

2. Principal Place of Business
15326 SW 54th
Suite, Apt. #, etc.

3. Mailing Address
15326 SW 54th
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33185

Country
USA

Zip
33185

Country
USA

4. FEI Number
65-1032098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD GROTE, STEPHANIE L 15326 SOUTHWEST 54TH TERRACE MIAMI FL 33185 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600004013846-009 -04/17/01--01092--009 ****150.00 ****150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Stephanie Grote Date: 4/1/01 Daytime Phone #: 305-588-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)