

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90074 028 ***150.00

DOCUMENT # P01000063487

1. Entity Name
THE ACOSTA GROUP HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

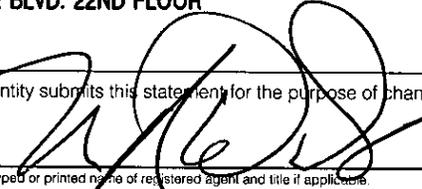
Principal Place of Business 801 SOUTH UNIVERSITY DRIVE SUITE K-103A PLANTATION FL 33324	Mailing Address 801 SOUTH UNIVERSITY DRIVE SUITE K-103A PLANTATION FL 33324
---	---

2. Principal Place of Business 2000 Ponce De Leon Blvd	3. Mailing Address 2000 Ponce De Leon Blvd
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102

City & State Coral Gables FL	City & State Coral Gables FL	4. FEI Number 65-1115788	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SANCHEZ-MEDINA, ROLAND JR.
 C/O McDERMOTT, WILL & EMERY
 201 S. BISCAYNE BLVD. 22ND FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name **Mario R. Delgado, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2000 Ponce De Leon Blvd
#102
 City **Coral Gables FL** Zip Code **33134**

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 **4/30/02**

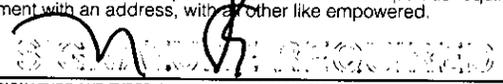
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  DATE **4/30/02** DAYTIME PHONE # **954-343-4100**

CR2E034 (9/01)