

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.

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

3. Mailing Address

2000 Ponce De Leon Blvd

2000 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

#102

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Zip

33134

Country

Country

US

33134

Country

US

4. FEI Number

65-1115788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

**PDST
 ACOSTA, NELSON
 801 S. University Dr. STE K103A
 Plantation FL 33324**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954-343-4100

Daytime Phone #

CR2E034 (9/01)