

05-06-2002 90178 025 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000098680

1. Entry Name

Virginia M. Costa, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1101 Brickell Ave.

Suite, Apt. #, etc.  
1801

City & State

Miami, FL

Zip

33131

Country  
U.S.A.

3. Mailing Address

1101 Brickell Ave.

Suite, Apt. #, etc.  
1801

City & State

Miami, FL

Zip

33131

Country  
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1146135

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: Virginia M. Costa

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Ave., S#1801

City  
Miami

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Virginia M. Costa*

4/24/02

Signature, typed or printed name of individual agent and etc. if applicable

NOTE: Registered Agent signature required when re-appointing

DATE

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$50.00

Amended UBR is \$61.25

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

President  
Virginia M. Costa  
1101 Brickell Ave, S#1801  
Miami, FL 33131

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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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)(d), Florida Statutes. I further certify that the information included 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 on an attachment with an "X" next to my name with all other like empowered.

SIGNATURE:

*Virginia M. Costa*

4/24/02 (305)377-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CREATED BY (12/01)