# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 15 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003215

1. Entity Name
COSTA DEL SOL INVESTMENTS INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03

| 2. Principal Place of Business | 3. Mailing Address | FEI Number | |
|---|---|---|---|
| 8004 NW 154 ST | SAME | 03-0412276 | Applied For / Not Applicable |
| Suite, Apt. #, etc.: 139 | Suite, Apt. #, etc. | | |
| City & State: MIAMI LAKES, FL | City & State | | |
| Zip: 33016 Country: USA | Zip / Country | 5. Certificate of Status Desired ☑ | $8.75 Additional Fee Required |

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7. Name and Address of Current Registered Agent

Name: OLGA FUENTES

Street Address (P.O. Box Number is Not Acceptable):
8004 NW 154 ST # 139

City: MIAMI LAKES FL Zip Code: 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if agent is an entity (NOTE: Registered Agent signature required where indicated)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
|---|---|
| President | OLGA Fuentes<br>8004 NW 154 St #139<br>Miami Lakes, Fl 33016. |
| Vice Pres-Treasurer | Antonio Calero<br>8004 NW 154 St #139<br>Miami Lakes, Fl 33016 |
| | |
| | |
| | |
| | |

10/1/03

700012390004970
10/15/03--01009--009 **150.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/01/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/1/03

Div. of Corp

TALLAHASSEE

GENTLEMEN:

PLEASE FIND ENCLOSED OUR CK # 1069

FOR $ 138.75 TO COVER THE ANNUAL FEE PLUS

$8.75 FOR CERTIFICATE OF STATUS..

WE HAVE NOT RECEIVED THE ORIGINAL FORM

BECAUSE WE MOVED AND WE RESPECTFULLY

ASK FROM YOU TO WAIVE THE PENALTY..

THIS A NEW CORP (10/1/01) AND WE NEVER

RECEIVED THE UBR FORM

THANKS YOU VERY MUCH FOR YOUR ATTENTION

SINCERELY

OLGA FLEITAS-PRES