

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90496 004 \*\*\*150.00

**DOCUMENT # P93000081327**



1. Entity Name  
**COSTA AIR CONDITIONING, INC.**

Principal Place of Business: **14260 SW 136 ST BAY #6 MIAMI FL 33186 US**  
Mailing Address: **1501 SW 142 AVE MIAMI FL 33184 US**



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0451407**  
Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COSTA, JOSE M  
1501 SW 142 AVE  
MIAMI FL 33184**

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

SIGNATURE

*[Handwritten Signature]*

**2-27-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>COSTA, JOSE M</b>	
STREET ADDRESS	<b>1501 SW 142 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BECK, ZAYDA</b>	
STREET ADDRESS	<b>1501 SW 142 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-03** **305-235-8884**  
Date Daytime Phone #

CR2E034 (10/02)