

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90126 048 \*\*\*150.00

**DOCUMENT # P94000028807**

1. Entity Name

**ACOSTA INVESTMENTS, CORP.**

Principal Place of Business

Mailing Address

741 SE 1ST PL  
 HIALEAH FL 33010

741 SE 1ST PL  
 HIALEAH FL 33010-5403

2. Principal Place of Business

3. Mailing Address

~~2380 Palm Avenue~~  
 Suite, Apt. #, etc.

~~2380 Palm Avenue~~  
 Suite, Apt. #, etc.

City & State

**Hialeah, Fl. 33010**

City & State

**Hialeah, Fl. 33010**

4. FEI Number

**65-0482714**

Applied For

Not Applicable

Zip

Country

~~Miami-Dade~~

Zip

Country

~~Miami-Dade~~

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

**ACOSTA, FRANCISCO M**  
 741 SE 1ST PL  
 HIALEAH FL 33010

Name

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

**2380 Palm Ave.**

City

**Hialeah**

**FL**

Zip Code

**33010**

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, 2000 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ACOSTA, LLUIS</b>
STREET ADDRESS	<b>741 SE 1ST PL</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>ACOSTA, FRANCISCO M</b>
STREET ADDRESS	<b>741 SE 1ST PL</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2380 Palm Ave.</b>
CITY-ST-ZIP	<b>Hialeah, Fl. 33010</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other information empowered.

**SIGNATURE:**

*Francisco M. Acosta*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/2000**  
 Date

**(305) 884-2525**  
 Daytime Phone #