

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**  
 01-26-2000 90028 009 \*\*\*150.00

**DOCUMENT # P94000090386**  
 1. Entity Name  
**ROLAND ACOSTA REAL ESTATE, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>3428 CYPRESS STREET<br/>TAMPA FL 33607</b> | Mailing Address<br><b>3428 CYPRESS STREET<br/>TAMPA FL 33603-2604</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>4804 DARBY AVE</b> | 3. Mailing Address<br><b>4804 DARBY AVE</b> |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                         |
| City & State<br><b>TAMPA FL 33603</b>                   | City & State<br><b>TAMPA FL 33603</b>       |
| Zip<br><b>33603</b>                                     | Country<br><b>USA</b>                       |

4. FEI Number **59-3298592** Applied For  Not Applied For   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ACOSTA, ROLAND  
 3428 CYPRESS STREET  
 TAMPA FL 33607**

7. Name and Address of New Registered Agent  
 Name **NAOMI ACOSTA**  
 Street Address (P.O. Box Number is Not Acceptable) **4804 DARBY AVE**  
 City **TAMPA FL 33603**  
 State **FL** Zip Code **33603**

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 *Naomi Acosta* DATE 1-21-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST<br/>ACOSTA, ROLAND<br/>3428 CYPRESS STREET<br/>TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ACOSTA, ROLAND<br/>3428 CYPRESS STREET<br/>TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>NAOMI ACOSTA<br/>4804 DARBY AVE<br/>TAMPA FL 33603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>NAOMI ACOSTA<br/>4804 DARBY AVE<br/>TAMPA FL 33603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 like empowered.

SIGNATURE: *Naomi Acosta* **REQUIRE NAOMI ACOSTA 1-21-00 (813) 870-3400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #