

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90056 022 ***150.00

DOCUMENT # P95000017320

1. Entity Name
BILBAO INVESTMENT GROUP, INC.

Principal Place of Business

6745 GADWALL LANE
ORLANDO FL 32810

Mailing Address

6745 GADWALL LANE
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0563172**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, ROGELIO G
6790 W. 6TH COURT
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **OTTO ACOSTA**

Street Address (P.O. Box Number is Not Acceptable)
6745 GADWALL LN

City **ORLANDO** **FL** Zip Code **32810**

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 *Rogelio G. Acosta* **ROGELIO ACOSTA** *OTTO ACOSTA* **OTTO ACOSTA** **4-17-02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ Delete
 NAME **ACOSTA, ROGELIO G**
 STREET ADDRESS **6790 W. 6TH COURT**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VTD** ☐ Delete
 NAME **ACOSTA, IDOLIDIA**
 STREET ADDRESS **6790 W. 6TH COURT**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **S** ☒ Delete
 NAME **ACOSTA, OTTO**
 STREET ADDRESS **6745 GADWALL LN.**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☒ Addition
 NAME **OTTO ACOSTA**
 STREET ADDRESS **6745 GADWALL LN**
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **S** ☐ Change ☒ Addition
 NAME **JOEL ACOSTA**
 STREET ADDRESS **203 LUCERN CR. APT 418**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

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

4-17-02 (409) 296-8314

Date Daytime Phone #

CR2E034 (9/01)