

# 2000 UNIFORM BUSINESS REPORT (UBR)

0459846

DOCUMENT # P97000026233

1. Entity Name  
**COSTA'S USED CARS, INC.**

FILED  
00 MAR 24 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
11230 ST RD 80 4288 LENNOX DR  
FT MYERS FL 33905 MIAMI FL 33905-5905  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
11230 ST RD 80

City & State City & State  
FT MYERS, FLORIDA

4. FEI Number 65-0740706 Applied For  
Not Applicable

Zip Country Zip Country  
33905 Lee

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

6. Name and Address of Current Registered Agent  
ZISKIND & ARVIN, P.A.  
444 BRICKELL AVE.  
SUITE 803  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name Mr William Powell, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
3515 Del Prado Blvd # 101  
City Cape Coral FL Zip Code 33904

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 *William Powell* (NOTE: Registered Agent signature required when reinstating) DATE 3/22/2000

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	DVP	<input checked="" type="checkbox"/> Delete
NAME	COSTA, JOSE	
STREET ADDRESS	11240 ST RD 80	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COSTA, RUBER M	
STREET ADDRESS	4288 LENNOX DR.	
CITY-ST-ZIP	MIAMI FL 33133	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTEGA, PABLO	
STREET ADDRESS	5110 MANOR COURT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003196941--2	
CITY-ST-ZIP	-04/05/00--01070--024	
	***150.00 ***150.00	
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 an other title empowered.

SIGNATURE: *William Powell* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-25-00 Daytime Phone # 693-0026

CR2E034 (9/99)

KE