

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90019 024 \*\*\*150.00

## DOCUMENT #

1. Entity Name

Costa Color, Inc.

997000075016

Principal Place of Business

Mailing Address

19995 S.W. 194 Ave  
 Miami, FL 33187

2. Principal Place of Business

3. Mailing Address

22290 SW 162 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Goulds, FL

4. FEI Number

65-0779371

Applied For

Not Applicable

Zip

Country

Zip

Country

33170

USA

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

Name

Jose I. Smith

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

22290 SW 162 Ave

City

Goulds

FL

Zip Code

33170

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

4/28/00

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	President	<input type="checkbox"/> Delete
NAME	Jose A. Costa, Jr.	
STREET ADDRESS	22290 SW 162 Ave	
CITY-ST-ZIP	Goulds, FL - 33170	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Maria E. Costa	
STREET ADDRESS	22290 SW 162 Ave	
CITY-ST-ZIP	Goulds, FL - 33170	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Maria C. Smith	
STREET ADDRESS	22290 SW 162 Ave	
CITY-ST-ZIP	Goulds, FL - 33170	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Jose I. Smith	
STREET ADDRESS	22290 SW 162 Ave	
CITY-ST-ZIP	Goulds, FL 33170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(305) 247-3248

Daytime Phone #

CR2E034 (9/99)