

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000045034**

1. Entity Name

ACOSTA FAMILY HOLDINGS, INC.

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

Principal Place of Business 801 S. UNIVERSITY DRIVE - STE C156A  PLANTATION FL 33324	Mailing Address 801 S. UNIVERSITY DRIVE - STE C156A  PLANTATION FL 33324
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2. Principal Place of Business 801 SOUTH UNIVERSITY DRIVE	3. Mailing Address 801 SOUTH UNIVERSITY DRIVE
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Suite, Apt. #, etc. SUITE K103A	Suite, Apt. #, etc. SUITE K103A
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country US	Zip 33324	Country FL
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4. FEI Number <b>65-0841627</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DELGADO MARIO RPA  
2151 UTNE NE ROAD  
STE 202  
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent**Name  
**MARIO R. DELGADO, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2151 S. LEJEUNE ROAD**  
**SUITE 202**  
City  
**CORAL GABLES FL 33134**

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 **MARIO R. DELGADO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/25/2000**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA NELSON 801 S. UNIVERSITY DR-STE C136A PLANTATION FL 33324	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA NELSON 801 SOUTH UNIVERSITY DRIVE, SUITE K103A PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: NELSON ACOSTA

DATE: 04/25/2000