

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093448

1. Entity Name

COSTUGA C.A. INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90030 015 \*\*\*150.00

Principal Place of Business

Mailing Address

2742 S.W. 8 ST.  
#201  
MIAMI FL 33135

2742 S.W. 8 ST.  
#201  
MIAMI FL 33135-2815

2. Principal Place of Business

3. Mailing Address

2742 S.W. 8 ST #201  
Suite, Apt. #, etc.  
MIA-FL

2742 S.W. 8 ST #201  
Suite, Apt. #, etc.  
MIA-FL

City & State

City & State

Zip  
33135

Country  
U.S.A

Zip  
33135

Country  
U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0875858

Applied For

Not Applicable

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

COBOS, JAIME R  
1187 N.W. 116 TERRACE  
MIAMI FL 33168

Name

Jaime Ortiz

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

1187 N.W. 116 Ter.

City

MIA

FL

Zip Code

33168

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

03-13-00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and effects 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVPS  
COBOS, JAIME R  
1187 N.W. 116 TERRACE  
MIAMI FL 33168  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.V.P.S.  
Ortiz JAIME  
1187 N.W. 116 Ter.  
MIA-FL/33168  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
COBOS, JAIME R  
1187 N.W. 116 TERRACE  
MIAMI FL 33168  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ortiz JAIME  
1187 N.W. 116 Ter  
Miami-FL/33168  
☐ Change ☐ Addition

TITLE  
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-00

Date

Daytime Phone #

CR2E034 (9/99)