

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 021 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99000019647*

1. Entity Name

COSTA AZUL INTERNATIONAL, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13260 SW 9 LANE

Suite, Apt. #, etc.

3. Mailing Address

13260 SW 9 LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0900191

Applied For

Not Applicable

Zip

33184

Country

USA

Zip

33184

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GARCIA, PABLO

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

13260 SW 9 LANE

City

MIAMI

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
*PO
GARCIA, PABLO
13260 SW 9 LANE
MIAMI, FL 33184*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
LOPEZ, RAOMES
191 NW 97 AVE. #108
MIAMI, FL 33172* ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
ARENAS, ELVIN
10078 NW 6 TERRACE
MIAMI, FL 33172* ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME PHONE #

PABLO GARCIA - PRESIDENT 04/30/02 (305) 225-5066

CR2E034B (12/01)