

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025361

1. Entity Name

KOSTAS INTERNATIONAL, INC.

FILED

00 MAR 13 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5463 N.W. 72ND AVENUE
MIAMI FL 33166

5463 N.W. 72ND AVENUE
MIAMI FL 33166-4223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0904888

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCOBAR, ALVARO -
5880 COLLINS AVENUE E -
#301 - -
MIAMI BEACH FL 33140

Name

Juan G. Escobar

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

5463 N.W. 72nd Av.

City

Miami,

FL

Zip Code
33166

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

3/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GOMEZ, JAIME
AVENIDA 30 DE AGOSTO #87-795
PEREIRA CO

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GOMEZ, ARACELLY
AVENIDA 30 DE AGOSTO #87-795
PEREIRA CO

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Gomez, Aracelly
Avenida 30 de Agosto #87-795
Pereira CO

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ESCOBAR, ALVARO
5880 COLLINS AVE. #301
MIAMI BEACH FL 33140

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Juan G. Escobar
5463 NW 72nd Av.
Miami, FL 33166

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ESCOBAR, NUBIA
5880 COLLINS AVE. #301
MIAMI BEACH FL 33140

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Diana M. Gomez
5463 NW 72nd Av.
Miami, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
3000003204909-1
-04/11/00-01139-024
****158.75 ****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Juan G. Escobar

3/10/00 (305)889-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)