

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90140 005 ***150.00

DOCUMENT # P99000040047

1. Entity Name
COSTA CLEANING SERVICE, INC.



Principal Place of Business
**13219 LUXBURY RD
ORLANDO FL 32837**

Mailing Address
**13219 LUXBURY RD
ORLANDO FL 32837**

2. Principal Place of Business
**1222 BERMUDA LAKES LN
Suite, Apt. #, etc. 207
Orlando Florida**

3. Mailing Address
**PO Box 771526
Suite, Apt. #, etc.
Orlando Florida**



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando Florida
Zip
32837

City & State
Orlando Florida
Zip
32877

4. FEI Number
59-3576013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIMA, JOSE D
13219 LUXBURY RD
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **ANA-L. COSTA-CYSNE**
Street Address (P.O. Box Number is Not Acceptable)
1222 BERMUDA LAKES LN APT. 207
City **ORLANDO FL.** FL Zip Code **32837**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

01-21-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CYSNE COSTA, ANA L**
STREET ADDRESS **13219 LUXBURY RD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Delete
NAME **LIMA, JOSE D**
STREET ADDRESS **13219 LUXBURY RD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1222 BERMUDA LAKES LN APT 207**
CITY-ST-ZIP **ORLANDO FL. 32837**

TITLE ☒ Change ☒ Addition
NAME **GUILHERME COSTA MONTEIRO**
STREET ADDRESS **1222 BERMUDA LAKES LN. APT. 207**
CITY-ST-ZIP **ORLANDO FL. 32837**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-03

Date

407-832-4748

Daytime Phone #

CR2E034 (10/02)