

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90089 039 ***558.75

DOCUMENT # S24618

1. Entity Name
THE COSTOYA GROUP INC.



Principal Place of Business

~~4060 S.W. 72ND AVE~~
~~SUITE 310~~
~~MIAMI FL 33155~~

Mailing Address

~~4060 S.W. 72ND AVE~~
~~SUITE 310~~
~~MIAMI FL 33155~~

2. Principal Place of Business

12161 SW. 2 ST.

Suite, Apt. #, etc.

3. Mailing Address

12161 SW. 2 ST

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number **65-0257798**

Applied For
Not Applicable

Zip **33325** Country **BROWARD**

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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

COSTOYA, FRANCISCO JR
4060 S.W. 72ND AVE
SUITE 310
MIAMI FL 33155

Name **COSTOYA FRANCISCO, JR**
Street Address (P.O. Box Number is Not Acceptable)
12161 SW. 2 ST
City **PLANTATION, FL** Zip Code **33325**

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

(NOTE: Registered Agent signature required when reinstating)

8/27/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COSTOYA, FRANCISCO JR**
STREET ADDRESS **12161 SW 2ND ST.**
CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE **D** ☐ Delete
NAME **COSTOYA, DOMINGO H.**
STREET ADDRESS **1610 S.W. 92ND AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **NO LONGER AN OFFICER**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, without other authorization.

SIGNATURE: ☒ *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03 **954 474-2300**
Date Daytime Phone #

CR2E034 (4/03)