

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68382

1. Entity Name

DACOSTA CONSTRUCTION COMPANY

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90024 017 ***150.00

Principal Place of Business

9420 S. HOLLBROOK LK DR 203
PEMBROKE PINES FL 33025
US

Mailing Address

9420 S. HOLLBROOK LK DR 203
PEMBROKE PINES FL 33025
US

2. Principal Place of Business

8991 So. Hollybrook Blvd

Suite, Apt. #, etc.

APT. 310

City & State

Pembroke Pines, FL

Zip

33025

Country

Broward

3. Mailing Address

8991 So. Hollybrook Blvd

Suite, Apt. #, etc.

APT. 310

City & State

Pembroke Pines, FL

Zip

33025

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0361492

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

DACOSTA, DAVID E

9420 S. HOLLYBROOK DR 203
PEMBROKE PINES FL 33025

Name

David Da Costa

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

8991 So. Hollybrook Blvd APT. 310

~~Pembroke Pines~~

City

Pembroke Pines

FL

Zip Code

33025

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

David Da Costa Pres. David Da Costa

4-12-00

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) ☐

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	PSV	<input type="checkbox"/> Delete
NAME	DACOSTA, DAVID E	
STREET ADDRESS	9420 S HOLLY BROOK LAKE DR STE 203	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Da Costa Pres. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

954 431 4086

Daytime Phone #

CR2E034 (9/99)