

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59626

1. Entity Name

COSTA-USA, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90076 001 \*\*\*558.75

Principal Place of Business

INSURGENTES SUR 1999  
COLONIA GUADALUPE INN  
MEXICO, D.F.  
US

Mailing Address

INSURGENTES SUR 1999  
COLONIA GUADALUPE INN  
MEXICO, D.F.  
US

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

65-0274303

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

VILLA, OSCAR J III  
338 MINORCA AVE  
CORAL GABLES FL 33134

Name

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

2100 Salzedo Street

Suite 300

City

Coral Gables

FL

Zip Code

33134

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)

8/7/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☒ Delete  
NAME GAPE, TERRENCE R  
STREET ADDRESS INSURGENTES SUR 1999  
CITY-ST-ZIP MEXICO, D.F.

TITLE S ☐ Delete  
NAME REVILLA, CARLA  
STREET ADDRESS INSURGENTES SUR 1999  
CITY-ST-ZIP MEXICO, D.F.

TITLE AS ☒ Delete  
NAME SUAREZ, DAVID  
STREET ADDRESS INSURGENTES SUR 1999  
CITY-ST-ZIP MEXICO, D.F.

TITLE T ☐ Delete  
NAME MARQUEZ, JAIME  
STREET ADDRESS INSURGENTES SUR 1999  
CITY-ST-ZIP MEXICO, D.F.

TITLE AT ☐ Delete  
NAME WARREN, THOMAS  
STREET ADDRESS INSURGENTES SUR 1999  
CITY-ST-ZIP MEXICO, D.F.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME AGUSTIN GARCIA BOLAÑOS CACHO  
STREET ADDRESS INSURGENTES SUR 1999  
CITY-ST-ZIP MEXICO, D. F.

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AGUSTIN GARCIA BOLAÑOS CACHO

CR2E034 (5/00)