

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90113 026 \*\*\*150.00

UNIFORM BUSINESS REPORT

**DOCUMENT # S59626**

1. Entity Name  
**COSTA-USA, INC.**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0274303**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**  
**2100 SALZEDO ST**  
**SUITE 300**  
**CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

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

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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BOLANOS CACHO, AGUSTIN GARCIA</b>	
STREET ADDRESS	<b>INSURGENTES SUR 1999</b>	
CITY-ST-ZIP	<b>MEXICO, D.F.</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>REVILLA, CARLA</b>	
STREET ADDRESS	<b>INSURGENTES SUR 1999</b>	
CITY-ST-ZIP	<b>MEXICO, D.F.</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MARQUEZ, JAIME</b>	
STREET ADDRESS	<b>INSURGENTES SUR 1999</b>	
CITY-ST-ZIP	<b>MEXICO, D.F.</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>WARREN, THOMAS</b>	
STREET ADDRESS	<b>INSURGENTES SUR 1999</b>	
CITY-ST-ZIP	<b>MEXICO, D.F.</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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]*  
**CARLA REVILLA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEBRUARY 6, 2002**

Date Daytime Phone #

CR2E034 (9/01)

**SUNTRUST**

SunTrust Bank, Miami  
Miami, FL (305) 591-6000

2124

63-60/660

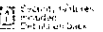
HOLIDAY CLUBS LTD II

DATE FEBRUARY 01, 2002

PAY TO THE ORDER OF \*\*\* FLORIDA DEPARTMENT OF STATE \*\*\*

\$150.00

\*\*\* ONE HUNDRED FIFTY DOLLARS AND 00/100 USCY \*\*\*

DOLLARS 

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT (S)


*Sumida Ross J. J. J.*

⑈002124⑈ ⑆066000604⑆0045007313948⑈

Attachment Document # 559626/502675

February 6, 2001

Attachment  
Document #  
§ 59626/502675

**Division of Corporations**  
Uniform Business Report Filings  
P.O. Box. 1500  
Tallahassee Florida  
32302-1500

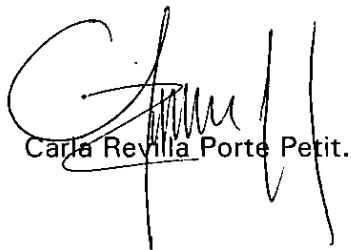
**TO WHOM IT MAY CONCERN:**

In accordance with your communication regarding the 2002 Uniform Business Report, attached herewith please find the 2002 report duly signed and filled-up by the Board of Directors.

Also attached herewith please find check and copy check number 2124 of Holiday Clubs, Ltd. from the account number 0045007313948 in charge of Sun Trust Bank, Miami, N.A. on behalf of FLORIDA DEPARTMENT OF STATE, dated February 1, 2002 for the amount of \$ 150.00 ( one hundred fifty dollars 00/100) as to comply with the report fee.

I would appreciate if you could send me back the copy of the check duly signed as confirmation upon receipt for my files.

Sincerely yours,

  
Carla Revilla Porte Petit.