

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G06120

1. Entity Name

CITCO CONSTRUCTION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90187 010 ***150.00

Principal Place of Business

2351 WEST FLAGLER ST
MIAMI FL 33135

Mailing Address

2351 WEST FLAGLER ST
MIAMI FL 33135-1524

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2231566

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

VIDAL, SERGIO C.
1033 MARIANA AVENUE
CORAL GABLES FL 33134

Name

n/a

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

n/a

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PS	VIDAL, SERGIO CARLOS	1033 MARIANA AVE	CORAL GABLES FL 33134	☐					☐	☐
V	VIDAL, CHRISTOPHER M	1033 MARIANA AVENUE	CORAL GABLES FL 33134	☐					☐	☐
T	VIDAL, SILVA C.	1033 MARIANA AVE	CORAL GABLES FL 33134	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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:

SILVIA C. VIDAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

(305) 642-5555

Daytime Phone #

CR2E034 (9/99)