

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90950 006 ***150.00

DOCUMENT # **F40739** ✓

1. Entity Name

Citizen Insurance Agency, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10803 SW 40th St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

B0057795

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

592118264

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Albert Fernandez

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

8600 NW 53rd Terr., Ste 200

City

FL

Zip Code

33166

DO NOT WRITE
IN THIS SPACE

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

3/26/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Albert Fernandez
8600 NW 53rd Terr., Suite 200
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

305-639-2595

Daytime Phone

CR2E034B (12/01)