

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90154 007 ***150.00

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DOCUMENT # F40739

1. Entity Name
CITIZEN INSURANCE AGENCY CORP.



Principal Place of Business
**10803 S.W. 40TH STREET
MIAMI FL 33165**

Mailing Address
**10803 S.W. 40TH STREET
MIAMI FL 33165**

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 **59-2118264**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERNANDEZ, ALBERT
8600 NW 53RD TERR. STE 200
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
Fernandez, Albert
Street Address (P.O. Box Number is Not Acceptable)
10803 SW 40th Street
City
Miami FL Zip Code
33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Albert Fernandez

4/29/03 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FERNANDEZ, ALBERT**
STREET ADDRESS **8600 NW 53RD TERR STE 200**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ Change ☐ Addition
NAME **Fernandez, Albert**
STREET ADDRESS **10803 SW 40th Street**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **T** ☐ Delete
NAME **ESTRADA, CECILIA**
STREET ADDRESS **8600 NW 53RD TERR STE 200**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **T** ☒ Change ☐ Addition
NAME **Estrada, Cecilia**
STREET ADDRESS **10803 SW 40th Street**
CITY-ST-ZIP **Miami, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Albert Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-477-3773

CR2E034 (10/02)