

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **M11305**

1. Entity Name

CITILAND INVESTMENT CORPORATION**FILED****Apr 12, 2001 8:00 am**
Secretary of State

04-12-2001 90060 048 ***150.00

Principal Place of Business

% H. LOPEZ-AGUIAR ESQ.
3445 NW 7TH ST TH STREET
MIAMI FL 33125
US

Mailing Address

1121 ANDORA AVE
3445 NW 7TH ST TH STREET
CORAL GABLES FL 33146
US

2. Principal Place of Business

9415 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 111-A

City & State

MIAMI, FL

3. Mailing Address

1121 ANDORA AVE

Suite, Apt. #, etc.

CORAL GABLES, FL

Zip

33173

Country

USA

Zip

33146-3214

Country

U.S.A4. FEI Number **59-2512996**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ-AGUIAR, HENRY A, ATTORNEY AT LAW
3445 NORTHWEST 7TH STREET**MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

LOPEZ-AGUIAR, HENRY A, ATTORNEY AT LAW

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

9415 SUNSET DRIVE**SUITE 111-A**

City

MIAMI, FL**FL**

Zip Code

33173

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 date 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, 2001 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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	VAZQUEZ, OLGA V.	
STREET ADDRESS	1121 ANDORA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RINALDI, CLAUDIA	
STREET ADDRESS	10099 SW 77TH CT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, GEORGE A.	
STREET ADDRESS	1121 ANDORA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: **Henry A. Vazquez Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

2/26/01 (605) 665-7012

CR2E034 (10/00)