

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002862

1. Entity Name

CITIZENS' ACCOUNTABILITY NETWORK, INC.

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90111 018 \*\*\*\*66.25

Principal Place of Business

Mailing Address

2555 COLLINS AVE. SUITE PH-210  
MIAMI BEACH FL 33140

2555 COLLINS AVE. SUITE PH-210  
MIAMI BEACH FL 33140

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

Applied For

☒ Not Applicable

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

KURZBAN, IRA J  
2650 SW 27TH AVE, 2ND FL  
MIAMI FL 33133

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FERNANDEZ, ALVARO  
STREET ADDRESS 2555 COLLINS AVE, SUITE PH-210  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE VD  
NAME WALKER, JASON  
STREET ADDRESS 1717 N BAYSHORE DR, #2456  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

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

TITLE D  
NAME MELAMID, MONICA  
STREET ADDRESS 3758 PRAIRIE AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE D  
NAME ARUCA, MICHELLE M  
STREET ADDRESS 6400 CHAPMAN FIELD DR  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVARO FERNANDEZ

3-11-02 (305) 531-2520

Date

Daytime Phone #

CR2E037 (9/01)