

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000002155**

1. Entity Name

CITIGROUP FUNDING CORP.

FILED

04 JAN -7 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2100 W 76th Street

3. Mailing Address
2100 W 76th Street

Suite, Apt. #, etc.
405

Suite, Apt. #, etc.
405

City & State
Hialeah, Florida

City & State
Hialeah, Florida

4. FEI Number
6540975791

Applied For

Not Applicable

Zip
33016

Country
Miami-Dade

Zip
33016

Country
Miami-Dade

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name
Carlos Risas

Street Address (P.O. Box Number is Not Acceptable)
2050 W 56th Street

City
Hialeah

FL

Zip Code
33016

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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
President
Carlos Cabassi
2100 W 76th Street, # 405
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/29/04--01020--021 *158.75

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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

Date

Daytime Phone #

1/05/04 (305) 823-6203