

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

FILED

DOCUMENT # **P01000015689**

1. Entity Name

**Citizen Insurance of Doral, Inc.**

02 OCT 29 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**40000868704**  
10/29/02--01067--001 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8600 NW 53rd Terr**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**Suite 220**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

4. FEI Number

**05-1082144**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Albert Fernandez**

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

**8600 NW 53rd Terr**

Suite, Apt. #, etc.

**Suite 220**

City

**Miami**

FL

Zip Code

**33166**

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.

**Albert Fernandez**

**10/22/02**

(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	<b>Vice President</b>
NAME	<b>Albert Fernandez</b>
STREET ADDRESS	<b>8600 NW 53rd Terr. #820</b>
CITY-ST-ZIP	<b>Miami FL 33166</b>
TITLE	<b>President</b>
NAME	<b>Alex Anthony</b>
STREET ADDRESS	<b>8600 NW 53rd Terr. #220</b>
CITY-ST-ZIP	<b>Miami FL 33166</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**Albert Fernandez**

Date

Daytime Phone #

**10/22/02 (305) 477-3773**

CR2E034B (12/01)

js 11/5/02

# Keystone Staffing, Inc.

October 22, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Attn: Reinstatement Section

Dear Sirs/Madam:

I have noticed that the corporations listed below have been dissolved for failure to file the Annual Business Report. I have not received any paperwork regarding the status of our corporation.

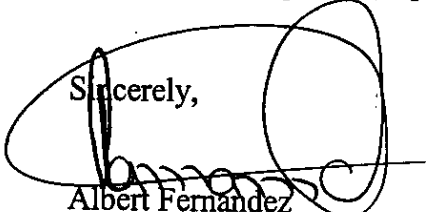
Keystone Staffing, Inc.  
Keystone Security, Inc.  
Northern Capital, Inc.  
Citizen Insurance of Doral, Inc.  
Citizen Insurance of Flagler, Inc.  
Citizen Insurance of Bird Road, Inc.  
Buckingham Police Supply, Inc.

Please note that we have moved to a different suite, Suite 220. The correct address is as follows:

8600 NW 53<sup>rd</sup> Terrace, Suite 220  
Miami, Florida 33166

If there are any questions, please feel free to contact me at (305) 639-2595.

Sincerely,



Albert Fernandez  
Keystone Staffing, Inc.

8600 NW 53<sup>rd</sup> Terrace, Suite 220, Miami Florida 33166  
Telephone (305) 639-2595 / Fax (305) 639-2601