

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90382 030 ***150.00

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DOCUMENT # P01000015689

1. Entity Name

CITIZEN INSURANCE OF DORAL, INC.



Principal Place of Business

8600 NW 53RD TERR.
SUITE 220
MIAMI FL 33166

Mailing Address

8600 NW 53RD TERR.
SUITE 220
MIAMI FL 33166

2. Principal Place of Business

6802 NW 77 Court
Suite, Apt. #, etc.

3. Mailing Address

6802 NW 77 Court
Suite, Apt. #, etc.

1100001



☒ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1082144

Applied For

Not Applicable

Zip

33166

Country

US

Zip

33166

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ALBERT
8600 NW 53RD TERR.
SUITE 220
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: Diaz, Oswaldo

Street Address (P.O. Box Number is Not Acceptable)
6802 NW 77 Court

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

SIGNATURE

Oswaldo Diaz

Oswaldo Diaz 4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE: PT
NAME: ANTHONY, ALEX
STREET ADDRESS: 8600 NW 53RD TERR., SUITE 220
CITY-ST-ZIP: MIAMI FL 33166 ☒ Delete

TITLE: VS
NAME: FERNANDEZ, ALBERT
STREET ADDRESS: 8600 NW 53RD TERR., SUITE 220
CITY-ST-ZIP: MIAMI FL 33166 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☒ Addition
NAME: President
STREET ADDRESS: Diaz, Oswaldo
CITY-ST-ZIP: 6802 NW 77 Court
Miami, FL 33166

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

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

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

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:

Oswaldo Diaz 4/29/03 305 477-3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)