

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90382 032 ***150.00

0286445 AV

DOCUMENT # P01000086888

1. Entity Name
CITIZEN INSURANCE OF FLAGLER, INC.



Principal Place of Business
**8600 NW 53RD TERR., #200
MIAMI FL 33166**

Mailing Address
**8600 NW 53RD TERR., #200
MIAMI FL 33166**

2. Principal Place of Business
6802 NW 7TH CT.
Suite, Apt. #, etc.

3. Mailing Address
6802 NW 7TH CT.
Suite, Apt. #, etc.

11000010



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida
Zip
33166 Country
USA

City & State
Miami Florida
Zip
33166 Country
USA

4. FEI Number
65-1132833

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, ALBERT
8600 NW 53RD TERR., #200
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 7TH CT
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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | ANTHONY, ALEX | |
| STREET ADDRESS | 8600 NW 53RD TERR., #200 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | FERNANDEZ, ALBERT | |
| STREET ADDRESS | 8600 NW 53RD TERR., #200 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | ESTRADA, CECILIA | |
| STREET ADDRESS | 8600 NW 53RD TERR., #200 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | President | |
| STREET ADDRESS | Oswaldo Diaz | |
| CITY-ST-ZIP | 6802 NW 7TH CT MIAMI, FL 33166 | |
| 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 | | |

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** **Oswaldo Diaz** **4/29/03** **305-262-7755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)