

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90088 034 ***150.00

DOCUMENT # P01000086890



1. Entity Name
CITIZEN INSURANCE OF BIRD ROAD, 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
10803 SW 40th St.

3. Mailing Address
6802 NW 77th Ct.

Suite, Apt. #, etc.
2nd Floor

City & State
Miami FL

City & State
Miami FL

CHECK HERE IF MAKING CHANGES

Zip 33165 Country USA

Zip 33164 Country USA

4. FEI Number 65-1132840

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 Maria L. DiGiorgio, Esq.
Street Address / P.O. Box Number is Not Acceptable
6802 NW 77th Ct.
2nd Floor
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 *Maria L. DiGiorgio* Maria L. DiGiorgio, Esq. DATE 4-2-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Estrada, Cecilia 10803 SW 40th St. Miami FL 33165 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Cecilia Estrada* Cecilia Estrada 4-2-03 534-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)