

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045490

1. Entity Name

CITI STAR FINANCIAL GROUP, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90077 017 ***150.00

Principal Place of Business

16601 SW 103 PLACE
MIAMI FL 33157

Mailing Address

16601 SW 103 PLACE
MIAMI FL 33157-3163

2. Principal Place of Business

1235 Coral Way
Suite, Apt. #, etc.
Ste 103-A

3. Mailing Address

16601 SW 103 Place
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33145

Country

USA

Zip

33157

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN A
16601 SW 103 PLACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

NONE

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

City

FL

Zip Code

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

Juan Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

3/3/00

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN A	
STREET ADDRESS	16601 SW 103 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LESLIE	
STREET ADDRESS	16601 SW 103 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	RODRIGUEZ, VICTOR	<input type="checkbox"/> Delete
NAME	11239 SW 88 ST. #E-114	
STREET ADDRESS	MIAMI, FL 33176	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juan Rodriguez 3/3/00 305-858-7030

CR2E034 (9/99)