

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086566

1. Entity Name

CITIZENS FINANCIAL SERVICES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90075 009 ***150.00

Principal Place of Business

Mailing Address

16555 NW 13TH ST
PEMBROKE PINES FL 33028

16555 NW 13TH ST
PEMBROKE PINES FL 33028-1311

2. Principal Place of Business

7850 NW. 146 ST.

3. Mailing Address

7850 NW. 146 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

431

431

City & State

MIAMI LAKES, FL.

City & State

MIAMI LAKES, FL.

Zip

Country

33016

U.S.A.

Zip

Country

33016

U.S.A.

4. FEI Number

65-0953067

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, MANUEL M
16555 NW 13TH ST
PEMBROKE PINES FL 33028

Name

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

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

(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)

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 -- **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ACOSTA, MANUEL M
STREET ADDRESS 16555 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ACOSTA, ROSARIO
STREET ADDRESS 16555 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(305) 556-4888

Daytime Phone #

CR2E034 (9/99)