

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90171 027 ***150.00

DOCUMENT # H94526

1. Entity Name
CITRUS INVESTMENT, CORP.



Principal Place of Business
**560 NW 165TH ST.
STE. 300
N. MIAMI FL 33169-3305**

Mailing Address
**PO BOX 693560
MIAMI FL 33269**



2. Principal Place of Business
20533 Biscayne Blvd #549

3. Mailing Address
20533 Biscayne Blvd

Suite, Apt. #, etc.
549

Suite, Apt. #, etc.
549

City & State
Aventura, FLA.

City & State
Aventura

Zip
33180

Country
DADE

Zip
33180

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2679153

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRAYND, PAUL
560 NW 165TH ST. RD.
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **PAUL FRAYND**
Street Address (P.O. Box Number is Not Acceptable)
20533 Biscayne Blvd. suite 549
City **Aventura** FL Zip Code **33160**

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 (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FRAYND, MARCOS**
STREET ADDRESS **560 N.W. 165TH ST. RD.**
CITY-ST-ZIP **N. MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **MARCOS FRAYND**
STREET ADDRESS **20533 Biscayne Blvd #549**
CITY-ST-ZIP **AVENTURA, FLA. 33160**

TITLE **V** ☐ Delete
NAME **FRAYND, PAUL**
STREET ADDRESS **560 NW 165TH STREET ROAD**
CITY-ST-ZIP **N MIAMI FL 33169**

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

TITLE **VP** ☐ Delete
NAME **FANNY FRAYND**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **FANNY FRAYND**
STREET ADDRESS **20533 Biscayne Blvd #549**
CITY-ST-ZIP **AVENTURA, FLA. 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/04 **(305) 354-7519**
Date Daytime Phone #

CR2E034 (10/02)