

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0156365 AV

**DOCUMENT # P00000011098**

1. Entity Name  
**CITRINET, INC.**

03-29-2002 91413 004 \*\*\*150.00

Principal Place of Business  
**10680 WASHINGTON STREET STE 201  
PEMBROKE PINES FL 33025**

Mailing Address  
**10680 WASHINGTON STREET STE 201  
PEMBROKE PINES FL 33025**



2. Principal Place of Business  
**4001 NORTH 37th Ave**

3. Mailing Address  
**4001 NORTH 37th Ave**

DO NOT WRITE IN THIS SPACE

City & State  
**HOLLYWOOD FL**

City & State  
**HOLLYWOOD FL**

Zip  
**33021**

Country  
**USA**

Zip  
**33021**

Country  
**USA**

4. FEI Number  
**65-0979485**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ITAH, TAMMY**  
**10680 WASHINGTON STREET STE 201**  
**PEMBROKE PINES FL 33025**

**7. Name and Address of New Registered Agent**

Name  
**TAMMY EDRICH**

Street Address (P.O. Box Number is Not Acceptable)  
**4001 NORTH 37th Ave**

City  
**HOLLYWOOD**

FL  
**FL**

Zip Code  
**33021**

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 **3/19/02**

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, 2002 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 <b>PD</b>	NAME <b>EDRICH, BRUCE A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>10680 WASHINGTON STREET STE 201</b>		
CITY-ST-ZIP <b>PEMBROKE PINES FL 33025</b>		
TITLE <b>VD</b>	NAME <b>ITAH, TAMMY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>10680 WASHINGTON STREET STE 201</b>		
CITY-ST-ZIP <b>PEMBROKE PINES FL 33025</b>		
TITLE <b>VD</b>	NAME <b>EDRICH, TAMMY T</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4001 NORTH 37th Ave</b>		
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>		
TITLE <b>PD</b>	NAME <b>EDRICH, BRUCE A</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>4001 NORTH 37th Ave</b>		
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Tammy Edrich** **3/19/02 (954) 450-4851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)