

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90087 016 \*\*\*550.00

**DOCUMENT # P01000120719**

1. Entity Name  
**CITRONELLE, INC.**



Principal Place of Business

**10415 SW 145 COURT  
MIAMI FL 33186**

Mailing Address

**10415 SW 145 COURT  
MIAMI FL 33186**

2. Principal Place of Business

**740 N.E. 117<sup>th</sup> Street**

3. Mailing Address

**740 N.E. 117 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BISCAYNE PARK, FL**

City & State

**BISCAYNE PARK, FL**

Zip

**33161**

Country

**DADE, USA**

Zip

**33161**

Country

**DADE, USA**

6. Name and Address of Current Registered Agent

**RIGAUD, RONALD  
10415 SW 145 COURT  
MIAMI FL 33186**

Name

**RIGAUD, RONALD**

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

**740 N.E. 117 Street**

City

**BISCAYNE PARK**

**FL**

Zip Code

**33161**

7. Name and Address of New Registered Agent

4. FEI Number

**75-3008942**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

**PVST  
RIGAUD, RONALD  
10415 SW 145 COURT  
MIAMI FL 33186**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VIST  
RIGAUD, RONALD  
740 N.E. 117 STREET  
BISCAYNE PARK, FL 33161**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Hippolyte, Gilbert  
740 N.E. 117 ST  
Biscayne Park, FL 33161**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/09/03**

**(786) 547-4848**

Date Daytime Phone #

CR2E034 (4/03)