

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90140 002 \*\*\*150.00

DOCUMENT # P02000048161

1. Entity Name

CITADEL VENTURES, CORP.



Principal Place of Business  
6727 COLLEGE COURT  
FORT LAUDERDALE FL 33317

Mailing Address  
6727 COLLEGE COURT  
FORT LAUDERDALE FL 33317

2. Principal Place of Business

6200 S. FALLS CIRCLE DR.

3. Mailing Address

6200 S. FALLS CIRCLE DR.

Suite, Apt. #, etc.

#207

Suite, Apt. #, etc.

#207

City & State

LAUDERDALE, FL

City & State

LAUDERDALE, FL

Zip

33319

Country

USA

Zip

33319

Country

U.S.A.

4. FEI Number

48-1256919

Applied For

Not Applicable.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ENRIQUE, HOWARD E  
6727 COLLEGE COURT  
FORT LAUDERDALE FL 33317

NEW ADDRESS ONLY

7. Name and Address of New Registered Agent

Name

ENRIQUE, HOWARD

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

6200 S. FALLS CIRCLE DRIVE

#207

City

LAUDERDALE

FL

Zip Code

33319

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

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

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	ENRIQUE, HOWARD E	
STREET ADDRESS	6727 COLLEGE COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6200 S. FALLS CIRCLE DRIVE	
CITY-ST-ZIP	#207 LAUDERDALE, FL 33319	
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		
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		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03  
Date

954-677-0246  
Daytime Phone #

CR2E034 (10/02)