2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000053402** May 01, 2000 8:00 am 1. Entity Name Secretary of State CITADEL DEVELOPMENTS, INC. C 05-01-2000 90467 038 ***150.00 Principal Place of Business Mailing Address 7051 W COMMERCIAL BLVD 7051 W COMMERCIAL BLVD **STE 3.4** STE 3.4 TAMARAC FL 33319 TAMARAC FL 33319-2146 US US 2_Principal Place of Business 3. Mailing Address 7051 W. Commercial Blod. os w. commercial Blod Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0617822 amovac, fr SYMOVOR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33319 c)ŚA Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent onseca, Horace FONSECA, HORACE A Street Address (P.O. Box Number is Not Accepted 1951) 7051 W COMMERCIAL BLVD **STE 3.4** TAMARAC FL 33319 ^{zin}333*19* amorac, Fc 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. -HORACE A FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PDSV** Change ☐ Addition TITLE PDSU TITLE ☐ Delete FONSECA, HORACE A tenseca, Hordae A. NAME NAME 7051 W. Commercial Blod. Ste 3 A 7051 W COMMERCIAL BLVD STE 3,4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-7IP marac, Fr 33319 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEPTERS OF DIRECTOR OF SIGNING SEPTERS OF DIRECTOR OF SIGNING SEPTERS OF SIGNING

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954/270-1493

Daytime Phone #