## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$70712** 1. Entity Name CITREX, INC. Mailing Address Principal Place of Business 1394 CORAL WAY 1394 CORAL WAY MIAMI FL 33145-2960 MIAMI FL 33145 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

TAMAMES, SYLVIA

**MIAMI FL 33138** 

(See criteria on back)

SIGNATURE

11.

TITLE

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

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NAME

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STREET ADDRESS

CITY-ST-ZIP

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881 BELLE MEADE ISLAND

9. This corporation is eligible to satisfy its Intangible

1394 CORAL WAY

1394 CORAL WAY

**MIAMI FL 33145** 

**MIAMI FL 33145** 

STD

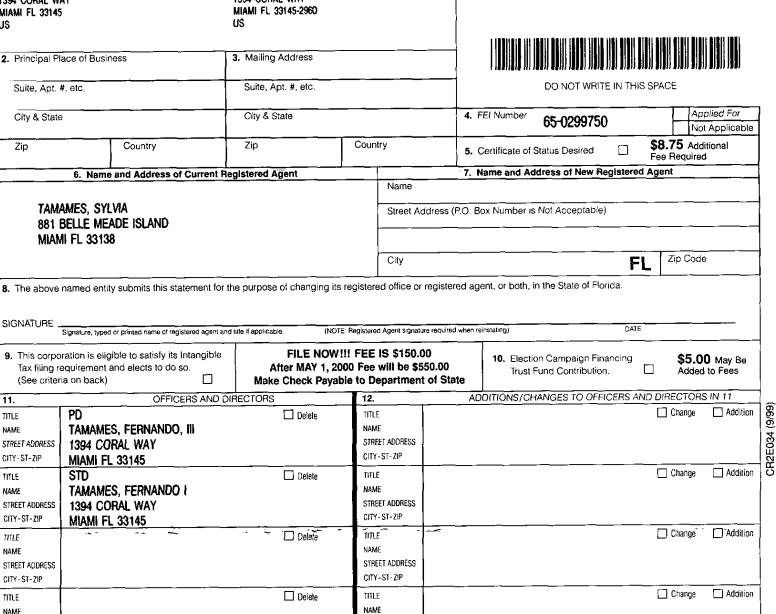
TAMAMES, FERNANDO, III

TAMAMES, FERNANDO I

Tax filing requirement and elects to do so.

## **FILED** Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90095 004 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 the 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 employered 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.

CITY-ST-ZIP

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

Delete

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12.

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

■ Addition

☐ Addition