

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90001 033 ***150.00

DOCUMENT # P96000042677

1. Entity Name
ROMO EXTERMINATORS, INC.

Principal Place of Business Mailing Address
9880 SW 73 ST. 9880 SW 73 ST.
MIAMI FL 33173-4630 MIAMI FL 33173-4630

2. Principal Place of Business 3. Mailing Address
10300 Sunset Dr. 10300 Sunset Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 261 D Suite 261 D

City & State City & State
Miami, FL Miami, FL

Zip Country Zip Country
33173 Miami-Dade 33173 Miami-Dade

4. FEI Number **65-0671916** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, MONICA C
9880 SW 73 ST.
MIAMI FL 33173-4630

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
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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: *Monica Rodriguez* 1/7/02 305-275-7123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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