2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **V07463** 1. Entity Name LA ROMANA INC. Principal Place of Business Mailing Address 2818 NW 22 AVE 2818 NW 22 AVE

FILED Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90046 021 ***150.00

MIAMI FL 33142	!		MIAMI FL 33192					9 2	บบ	ម ប
2 Principal D	Inco of Business		3. Mailing Address	·						
2. Principal Place of Business			3. Maining Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SPAC	E	
City & State	e		City & State			4. FEI Number 65-0340920 Applied For Not Applicable				
Zip Country			Zip Country		5. Certificate of Status Desired Fee Required					
	Address of Current F	legistered Agent		7. Name and Address of New Registered Agent						
					Name					ł
2580	ISSE, CHARLES I SW 114 AVE AI FL 33765	•		Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	,
8. The above	named entity su	ormits this statement for	/				ent, or both, in the State of Flor	ida.	18/1	0/
SIGNATURE .	Signature, typed or prin	ated name of registered agent ar	A (2//	(NOTE: Registered	d Agent signature requi	ired when re	IICE PRESIDENT instating)	DATE		
Tax filing r	oration is eligible t requirement and d ria on back)	o satisfy its Intangible elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fina Trust Fund Contribution			O May Be to Fees
11.	- 	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND DIR	ECTORS	IN 11
TITLE	P		☐ Delete	TITLE	1				Change	☐ Addition
NAME	CHARLES, IVI			NAM	E ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	2818 NW 22 MIAMI FL 331			The state of the s	-ST-ZIP					
TITLE	VP	16	☐ Delete	TITLE					Change	Addition
NAME	ARAUJO, REI	NALDO		NAM	E					
STREET ADDRESS	2818 NW 22				ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 331	42			-ST-ZIP				Change	- Addition
TITLE			Delete	TITLE NAM	l l			Ц	Change	Addition }
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CITY-ST-ZIP				CITY	-ST-ZIP			****		
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CITY-ST-ZIP		ation and all all all all all all all all all al	this filing does not ave			Section	119.07(3)(i), Florida Statutes. I	further certify #	at the in	nformation
indicated	ceruly inat the Int	ornation supplied With	true and accurate and	my for the exe	mpuon siaicu III ture shall have th	ne same	legal effect as if made under o	ath: that I am a	n officer	or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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 applications, with an officer of 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 application of the receiver of the corporation of the receiver of 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 application of the receiver of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Meinaldo