

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2001 90277 010 ***150.00

DOCUMENT # P94000082968

1. Entity Name
ROMOCA TRADING CORPORATION

| | |
|---|---|
| Principal Place of Business 8512 NW 61 ST #101 MIAMI FL 33166 | Mailing Address 11315 NW 66 ST MIAMI FL 33178 US |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 3900 NW 79 AVENUE | 3. Mailing Address 3900 NW 79 AVENUE |
| Suite, Apt. #, etc. SUITE 444 | Suite, Apt. #, etc. SUITE 444 |

| | | | | |
|----------------------------------|----------------------------------|------------------------------------|---|---|
| City & State MIAMI FLA | City & State MIAMI FLA | 4. FEI Number 65-0541176 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip 33144 | Country | Zip 33144 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL PINO, ROGELIO A ESQ
1835 W FLAGLER ST
SUITE 201
MIAMI FL

| | | | | |
|------|--|------|----|----------|
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS GERA, GERARDO % 4501 NW 102ND CT MIAMI FL 33178 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT RODRIGUEZ, CARLOS 11315 NW 66 ST MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS RODRIGUEZ
 Date: **1/25/01** (305) **591-0060**
Daytime Phone #

CR2E034 (10/00)