

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90080 003 ***150.00

DOCUMENT # 329375

1. Entity Name
ROMA AIR CORPORATION



Principal Place of Business
**105 AIRPORT ROAD
BELLE GLADE FL 33430**

Mailing Address
**PO BOX 454
BELLE GLADE FL 33430**

30001798



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1304789**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, FRANCISCO
105 AIRPORT ROAD
BELLE GLADE FL 33430**

Name **Silvia R. Dubois**
Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 427**
105 Airport Road
City **BELLE GLADE** FL **33430**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Silvia R. Dubois*

1-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, FRANCISCO | |
| STREET ADDRESS | P.O. BOX 454,NA | |
| CITY-ST-ZIP | BELLE GLADE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, PABLO | |
| STREET ADDRESS | PO BOX 454 | |
| CITY-ST-ZIP | BELLE GLADE FL-33430 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | DUBOIS, SILVIA R | |
| STREET ADDRESS | PO BOX 427 | |
| CITY-ST-ZIP | BELLE GLADE FL 33430 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, ROBERTO | |
| STREET ADDRESS | 4560 SOUTH SHORE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, ADRIAN | |
| STREET ADDRESS | 4560 SOUTH SHORE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, CARLOS | |
| STREET ADDRESS | 4560 SOUTH SHORE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco Rodriguez* **FRANCISCO RODRIGUEZ** **1-8-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)