

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 553753**

1. Entity Name

ROMEJO, INC.

Principal Place of Business

301 S.W. 158 TERR
105
PEMBROKE PINES FL 33027

Mailing Address

301 S.W. 158 TERR
105
PEMBROKE PINES FL 33027

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MORENO, HUMBERTO
301 S.W. 158 TERRACE., APT. 105
PEMBROKE PINES FL 33027

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORENO, JOSE
STREET ADDRESS 301 S.W. 158 TERR, #105
CITY-ST-ZIP PEMBROKE PINES FL 33027TITLE SD ☒ Delete
NAME GARCELL, NILDA
STREET ADDRESS 619 N.W. 12TH AVE.
CITY-ST-ZIP MIAMI FL 33136TITLE SD ☐ Delete
NAME MORENO, HUMBERTO
STREET ADDRESS 301 SW 158 TERRACE #105
CITY-ST-ZIP HOLLYWOOD FL 33027TITLE V/S ☐ Delete
NAME Moreno, Mery
STREET ADDRESS 301 SW 158 Terr, #105
CITY-ST-ZIP Pembroke Pines, FL 33027TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V/S ☐ Change ☒ Addition
NAME Moreno, Mery
STREET ADDRESS 301 SW 158 Terr, #105
CITY-ST-ZIP Pembroke Pines, FL 33027TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Moreno

2-27-01

Date

(954) 436-4180

Daytime Phone #

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

03-02-2001 90081 021 ***150.00

C0028569



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2015070

Applied For

Not Applicable

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

CR2E034 (10/00)