

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006803 AF

**DOCUMENT # A95000002037**

1. Entity Name

ROMAR GROUP, LTD.

Principal Place of Business

%DANIEL A BARR. EA. COMMERCIAL ACCT. SERV.  
8220 STATE ROAD 84. #200  
DAVIE FL 33324

Mailing Address

%DANIEL A BARR. EA. COMMERCIAL ACCT. SERV.  
8220 STATE ROAD 84. #200  
DAVIE FL 33324

FILED

01 FEB -8 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0628997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, NICHOLAS M  
THERREL BAISDEN MEYER & WEISS  
1111 LINCOLN ROAD MALL S-500  
MIAMI BEACH FL 33139

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. Capital Contributions  
as Shown on record.

**\$11,735,138.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000096874  
NAME MURO, INC.  
STREET ADDRESS 8220 STATE ROAD 84, SUITE 200  
CITY-ST-ZIP DAVIE FL 33324

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*AS PRESIDENT OF COMPANY*  
GENERAL PARTNER

Daytime Phone #

CR2E003 (11/00)