

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002037**

1. Entity Name

**ROMAR GROUP, LTD.**

FILED

02 JAN 25 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
%DANIEL A BARR, EA. COMMERCIAL ACCT. SERV. %DANIEL A BARR, EA. COMMERCIAL ACCT. SERV.  
8220 STATE ROAD 84, #200 8220 STATE ROAD 84, #200  
DAVIE FL 33324 DAVIE FL 33324



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

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)  
**ONE SE THIRD AVE  
# 2400**  
City **MIAMI** FL Zip Code **33131**

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.

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  
**200004850112--4  
-01/31/02--01027--018  
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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: **X SIGNATURE REQUIRED**

**1-22-02 305 6656729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0011273 AT

CR2E003 (9/01)