

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006172

1. Entity Name

ROMIKA SPORTS & LEISURE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90019 015 ***150.00

Principal Place of Business

Mailing Address

11-A MARCONI STREET
IRVINE CA 92618

11-A MARCONI STREET
IRVINE CA 92618

2. Principal Place of Business

3. Mailing Address

8730 NW 36 AVE.

8730 NW 36 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

33-0703156

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

33147

Country

USA

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

MARGRISO, JULIO
8730 N.W. 36TH AVENUE
MIAMI FL 33147

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, 2000 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
CEO
HANSENS, JACQUES
KARL BENZ STRASSE, 2-4, D-54292
TRIER, GERMANY

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAGGI, RENE C
KARL BENZ STRASSE, 2-4, D-54292
TRIER, GERMANY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUICCIARDI, MARCO
KARL BENZ STRASSE, 2-4, D-54292
TRIER, GERMANY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCFO
LANE, ERIC
11-A MARCONI STREET
IRVINE CA 92618

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
JOSE E. BARROCAS
8730 NW 36 AVE.
MIAMI, FL. 33147

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SCFO
JULIO S. MAGRISO
8730 NW 36 AVE.
MIAMI, FL. 33147

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

305-696-4611

Daytime Phone #

CR2E034 (9/99)