

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90005 049 ***150.00

0256314 AV

DOCUMENT # G40631

1. Entity Name
ROMIVEST INC.

Principal Place of Business
% DON A. MAYERSON
1125 N.E. 125TH ST. SUITE 206
N. MIAMI FL 33161

Mailing Address
% DON A. MAYERSON
1125 N.E. 125TH ST. SUITE 206
N. MIAMI FL 33161



2. Principal Place of Business
% Jerome J. Cohen

3. Mailing Address
% Jerome J. Cohen

Suite, Apt. #, etc.
1125 N.E. 125th Street

Suite, Apt. #, etc.
1125 N.E. 125th Street

City & State
Suite 206
N. Miami, FL

City & State
Suite 206
N. Miami, FL

DO NOT WRITE IN THIS SPACE

Zip
33161

Country
USA

Zip
33161

Country
USA

4. FEI Number
59-2289990

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAYERSON, DON A.
1125 N.E. 125TH ST. SUITE 206
N. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name
Lawrence J. Cohen
 Street Address (P.O. Box Number is Not Acceptable)
1125 N.E. 125th Street Suite 206
 City
N. Miami, FL Zip Code
33161

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 **Lawrence J. Cohen - Vice President, Secretary & Treasurer**
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, JEROME J. 1125 N.E. 125TH ST. #206 N. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAYERSON, DON A. 1125 N.E. 125TH ST. #206 N. MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COHEN, LAWRENCE J. 1125 N.E. 125TH ST. #206 N. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHEN, LAWRENCE J 1125 N.E. 125TH ST. #206 N. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEIN, DORA 1125 NE 125TH ST #206 N MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jerome J. Cohen**

Feb. 14, 2002 305-895-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/01)