

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G48569**

1. Entity Name

ROMO INTERNATIONAL MACHINERY, INC.**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90012 034 ***158.75

Principal Place of Business

Mailing Address

7360 NW 35TH ST
MIAMI FL 33122
US7360 NW 35TH ST
MIAMI FL 33166-2705
US

2. Principal Place of Business

3. Mailing Address

301 S.W. 17th Road**301 S.W. 17th Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor**3rd Floor**

City & State

City & State

Miami, Florida**Miami, Florida**

4. FEI Number

59-2360532

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

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

TRIBIN, HUGO
7360 NW 35TH ST
MIAMI FL 33122

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 State10. 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 **P** ☐ Delete
NAME **TRIBIN, HUGO**
STREET ADDRESS **7360 NW 35TH ST**
CITY-ST-ZIP **MIAMI FL 33122**TITLE **President** ☒ Change ☐ Addition
NAME **~~HUGO~~ TRIBIN, HUGO**
STREET ADDRESS **301 S.W. 17th Road, 3rd Floor**
CITY-ST-ZIP **Miami, FL 33129**TITLE **S** ☐ Delete
NAME **TRIBIN, PILAR**
STREET ADDRESS **7360 NW 35TH ST**
CITY-ST-ZIP **MIAMI FL 33122**TITLE **S** ☒ Change ☐ Addition
NAME **TRIBIN, PILAR**
STREET ADDRESS **301 S.W. 17th Road, 3rd Floor**
CITY-ST-ZIP **Miami, FL 33129**TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**TITLE **-** ☐ 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

Date

Daytime Phone #

February 28, 2000 305-860-6988

CR2E034 (9/99)