## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **H42726** 1. Entity Name ROMANO BROTHERS CONSTRUCTION, INC. 05-03-2000 90053 006 \*\*\*150.00 Principal Place of Business Mailing Address 3299 BIRD AVE. 3299 BIRD AVE. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-4402 725030 3. Mailing Address 3111 SW. 27Th AVE. 2. Principal Place of Business 3111 S.W. 27th AVE. DO NOT WRITE IN THIS SPACE Pity& State GROVE Applied For 4. FEI Number <sup>t</sup> Beove 59-2496043 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROMANO, JAMES A JR Street Address (P.O. Box Number is Not Acceptable) 3290 BIRD AVE. COCONUT GROVE FL 33133 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGN. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or p registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax flying requirement and elects to do so. Trust Fund Contribution. Added to Fees (See chiteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FFICERS AND DIRECTORS 12. 11. NEW ADDRESS ☐ Addition TITLE ☐ Delete TITLE 31115.W. 27Th AVE ROMANO, JAMES A., JR. NAME NAME STREET ADDRESS STREET ADDRESS 3299 BIRD AVE. CoCONUT GAOVE FL. 33633 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 Change ☐ Addition TITLE Delete ROMANO, JAMES A., JR. NAME NAME 3299 BIRD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **COCONUT GROVE FL 33133** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROMANO, JAMES A JR NAME NAME STREET ADDRESS 3299 BIRD AVE. STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP pplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information indicated on this leport or supply 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 sovered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with a other like empowered. ion or the receiver on an attachment with of the corporat changed, or

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

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