2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am } Secretary of State K25871 DOCUMENT # 1. Entity Name ROMAN INVESTMENTS, INC. 04-30-2002 90045 027 ***150.00 Mailing Address Principal Place of Business T3298 SW 8TH ST. 13238 SW 8TH ST. MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address 13155 5W 42 ST 13155 5W 42 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 200 Suite Suite. # 200 4. FEI Number Applied For City & State City & State NOT APPLICABLE Florida FLORIDA MIAMI HIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33-17-5 33175 USA Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POHAN, EDUALDO SAN ROMAN, EDUARDO SAN Street Address (P.O. Box Number is Not Acceptable) 200 13238 S.W. 8TH STREET SUITE 13155 SW 42 ST **MIAMI FL 33184** City IMAIH 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. 4/15/02 SIGNATURE Signature, typed or printed name of registered age nt and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE ROMAN, EDUARDO SAN POHAN, Eduardo San NAME NAME 13155 SW 42 ST #200 13238 SW 8TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7tP MIAMI , FL 33175 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ·CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE 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-ZIP CITY-ST-7IP 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 sod 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 of true empowered is 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 a state of the corporation of the corporation of the corporation of the receiver of true empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED