

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 24, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L11173**

1. Entity Name  
**ROMELL INTERNATIONAL CORPORATION**

Principal Place of Business 4150 NW 7TH ST #245  MIAMI 33126	FL	Mailing Address 7670 SW 82 ST. H214 MIAMI 33143	US	FL
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2. Principal Place of Business 7670 S.W. 82 STREET	3. Mailing Address
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Suite, Apt. #, etc. H214	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State
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Zip 33143	Country US	Zip	Country
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4. FEI Number <b>65-0139355</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FLOREZ MARIA EUGENIA**  
 7670 SW 82 ST  
  
 MIAMI FL  
 33143 US

**7. Name and Address of New Registered Agent**

Name  
**FLOREZ MARIA EUGENIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
 7670 SW 82 ST  
 H214  
 City  
 MIAMI **FL** Zip Code  
 33143

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 **CARLOS ALBERTO JARAMILLO** **01/24/2001**  
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, 2001 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	P FLOREZ MARIA EUGENIA <input type="checkbox"/> Delete 7670 S.W. 82 STREET, #H-214 MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	P JARAMILLO CARLOS APRESIDE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7670 S.W. 82 STREET, #H-214 MIAMI FL 33143
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: **CARLOS ALBERTO JARAMILLO** P **01/24/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)