

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L96000001051**

1. Entity Name  
**ROMA RACING, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business  
4436 N.W. 93 DORAL COURT  
MIAMI FL 33178

Mailing Address  
4436 N.W. 93 DORAL COURT  
MIAMI FL 33178-2059



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0714326**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIMOFF, ROBERT A**  
4436 N.W. 93 DORAL COURT  
MIAMI FL 33178

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HIMOFF, ROBERT A 4436 N.W. 93 DORAL COURT MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DEWELL, MARTHA 4436 N.W. 93 DORAL COURT MIAMI FL 33178	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>300003104189--1</p> <p><del>01/20/00</del> <del>01038</del> <del>018</del></p> <p>*****50.00 *****50.00</p>		
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert A. Himoff* **ROBERT A. HIMOFF**

Jan-9-2000

Date Daytime Phone #

CR2E013 (07/97)