

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90160 030 ****50.00

DOCUMENT # L99000005607
 1. Entity Name
ROM-INTERNATIONAL, L.L.C.

Principal Place of Business C/O THOMAS J. DAVIS, JR. 150 ALHAMBRA CIRCLE, SUITE 1260 CORAL GABLES FL 33134	Mailing Address C/O THOMAS J. DAVIS, JR. 150 ALHAMBRA CIRCLE, SUITE 1260 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Jennifer C. Finch Suite, Apt. #, etc. 526 Santander Ave, Suite 1 City & State Coral Gables, FL	3. Mailing Address c/o Jennifer C. Finch Suite, Apt. #, etc. 526 Santander Ave, Suite 1 City & State Coral Gables, FL
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4. FEI Number 65-0952148	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country USA	Zip 33134	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
DAVIS, THOMAS J JR.
150 ALHAMBRA CIRCLE, SUITE 1260
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
Jennifer C. Finch
 Street Address (P.O. Box Number is Not Acceptable)
526 Santander Ave.
Suite 1
 City
Coral Gables **FL** Zip Code
33134

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 **Jennifer C. Finch** **3/4/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTER, NORMAN A 12403 NACOGDOCHES, #110206 SAN ANTONIO TX 78217	<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"/> Delete

10. ADDITIONS/CHANGES

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
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: **3/11/02** **210-599-7926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)