

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000008108**

1. Entity Name

ROMA FOUNDATION, CORP.

Principal Place of Business

**8516 GRIFFIN RD
COOPER CITY FL 33328**

Mailing Address

**8516 GRIFFIN RD
COOPER CITY FL 33328**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MARTIN, HELEN F.G.
17331 SW 65TH COURT
SOUTHWEST RANCHES FL 33331**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, HELEN	
STREET ADDRESS	17331 SW 65TH CT	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33331	

TITLE	D	<input type="checkbox"/> Delete
NAME	GUERREIRO, JOSE	
STREET ADDRESS	17331 SW 65TH CT	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33331	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTINS, CAROLINA	
STREET ADDRESS	17331 SW 65TH CT	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33331	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. Martins REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.01.2002 (954) 252-5373

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-09-2002 90026 013 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3007903

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E037 (9/01)