

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000018018

1. Entity Name  
RON ROMEO, INC.

Principal Place of Business  
1640 JUANA ROAD  
BOCA RATON FL 33486

Mailing Address  
1640 JUANA ROAD  
BOCA RATON FL 33486

2. Principal Place of Business  
22701 BELLA RITA CIR.

3. Mailing Address  
22701 BELLA RITA CIR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

Zip  
33433

Country

Zip  
33433

Country

4. FEI Number  
65-0991373

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROMEO RON  
1640 JUANA ROAD  
BOCA RATON FL 33486

## 7. Name and Address of New Registered Agent

Name  
ROMEO RON

Street Address (P.O. Box Number is Not Acceptable)  
22701 BELLA RITA CIR.

City  
BOCA RATON FL

Zip Code  
33433

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 \_\_\_\_\_ DATE 04/28/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRES	ROMEO RON	22701 BELLA RITA CIR.	BOCA RATON FL 33433		

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: RON ROMEO

PRES 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)