

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90033 033 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000020940
 1. Entity Name
 ROMADA CONSULTING CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6633 Casa Grande Way Suite, Apt. #, etc.	3. Mailing Address 6633 Casa Grande Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Delray Beach, Florida	City & State Delray Beach, Florida	4. FEI Number 65-1023928	Applied For Not Applicable
Zip 33446	Country USA	Zip 33446	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Marvin T. Bornstein

Street Address (P.O. Box Number is Not Acceptable)
2138 Hollywood Boulevard

City
Hollywood FL Zip Code
33020-6716

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELSON, ALAN P 6633 CASA GRANDE WAY DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELSON, SAUNDRA S 6633 CASA GRANDE WAY DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other persons empowered.

SIGNATURE:  **ALAN P. MICHELSON** 1/29/02 561-838-1663
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)