

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90002 039 \*\*\*150.00  
 07-19-2001 90001 028 \*\*\*150.00

**DOCUMENT # P00000028528**

1. Entity Name

**ROMED PARTY SUPPLIES CORP.**

Principal Place of Business

**116 S.W. 57TH AVENUE  
 MIAMI FL 33126**

Mailing Address

**116 S.W. 57TH AVENUE  
 MIAMI FL 33126**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**126 S.W. 57 Ave.**



DO NOT WRITE IN THIS SPACE

City & State

**Miami, Fla.**

4. FEI Number

**65-0724364**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33144**

**DADE**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORENO, RAMON**

**116 S.W. 57TH AVENUE**

**MIAMI FL 33126**

Name

**MORENO, Ramon**

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

**330 N.W. 57 Ave.**

City

**Miami**

**FL**

Zip Code

**33126**

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

**Ramon Moreno**

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

(NOTE: Registered Agent signature required when reinstating)

**7/13/01**

DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	MORENO, RAMON	
STREET ADDRESS	4850 S.W. 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	S/O Idalmis Garcia	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	330 N.W. 57 Ave.	
CITY-ST-ZIP	Mia. Fla. 33126	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	330 N.W. 57 Ave.	
CITY-ST-ZIP	Mia. Fla. 33126	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**Ramon Moreno**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/13/01**

0043411 AV

CR2E034 (5/01)