

150?

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 042 ***150.00

DOCUMENT # **P00000032154**1. Entity Name
The Law OFFICES OF JAY F. ROMANO, P.A.NIC
FLD
1/23/01

Principal Place of Business

Mailing Address

20423 State Road 7, #F6-203
Boca Raton, Florida 33498-6797

C0067659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0993345

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAY Romano
7301 W. PALMETTO PK RD
STE 207A
BOCA RATON, FL 33433

Name

JAY F. ROMANO, ESQUIRE

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

20423 ST. RD 7 #F6-203

City

BOCA RATON**FL****33498**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Delete
 NAME **JAY ROMANO**
 STREET ADDRESS **7301 W. PALMETTO PK RD, STE 207A**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **President/Director** ☒ Change ☐ Addition
 NAME **JAY F. ROMANO**
 STREET ADDRESS **20423 ST. RD 7 #F6-203**
 CITY-ST-ZIP **BOCA RATON, FL 33498-6797**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jay Romano**1/1/01****561-271769**

CR2E034 (11/00)