

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90069 033 ***150.00

DOCUMENT # P00000036223

1. Entity Name

ROMAR CUSTOM DESIGN, INC.

Principal Place of Business

Mailing Address

3200 PORT ROYAL DE N
 FT LAUDERDALE, FL
 33308

3200 PORT ROYAL DR N
 FT LAUDERDALE, FL
 33308

2. Principal Place of Business

6267 N FEDERAL HIGHWAY

3. Mailing Address

9720 PINES BLVD

Suite, Apt. #, etc.

632

Suite, Apt. #, etc.

City & State
 FT LAUDERDALE, FL

City & State
 PEMBROKE PINES, FL

4. FEI Number

65-1001282

Applied For

Not Applicable

Zip
 33308

Country
 U S

Zip
 33024

Country
 U S

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

FRANCES SAVIGLIANO
 3200 PORT ROYAL DRIVE N
 FT LAUDERDALE, FL 33308

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTS
 FRANCES SAVIGLIANO
 3200 PORT ROYAL DRIVE N
 FT LAUDERDALE, FL 33308 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

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

FRANCES SAVIGLIANO

Date

Daytime Phone #

3-6-01 (954) 938-9790

CR2E034 (11/00)