

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90134 034 ***150.00

DOCUMENT # P00000047688

1. Entity Name

ROOM-D INC.

Principal Place of Business

Mailing Address

**801 ALTON ROAD APT. 5
 MIAMI BEACH FL 33139**

**801 ALTON ROAD APT. 5
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

1717 N. BAYSHORE DR

1717 N BAYSHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 1540

APT. 1540

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33132

USA

33132

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-1011280

Not Applicable

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

LEON, DELIO A

**~~801 ALTON ROAD APT. 5
 MIAMI BEACH FL 33139~~**

Name

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

1717 N BAYSHORE DR APT 1540

City

MIAMI

FL

Zip Code

33132

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 **D** ☒ Delete
 NAME **LEON, DELIO A**
 STREET ADDRESS **801 ALTON ROAD APT. 5**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **LEON DELIO A** ☒ Change ☐ Addition
 NAME **LEON DELIO A**
 STREET ADDRESS **1717 N BAYSHORE DR APT 1540**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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)(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

1-18-01

Date

305-374-7787

Daytime Phone #

CR2E034 (10/00)