

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90012 015 ***150.00

DOCUMENT # P00000059934

1. Entity Name

ROMI INTERNATIONAL WEB SOLUTIONS, INC.

Principal Place of Business

Mailing Address

WESLEY CENTER, 6801 NW 77TH AVE., STE 310A
MIAMI FL 33166

WESLEY CENTER, 6801 NW 77TH AVE., STE 310A
MIAMI FL 33166

2. Principal Place of Business

Wesley Center 6801 NW 77th Ave.

3. Mailing Address

10750 NW 66 St

Suite, Apt. #, etc.

Suite 310-A, Miami, FL

Suite, Apt. #, etc.

203

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

Miami-Dade

Zip

33178

Country

Miami-Dade

4. FEI Number

65-1029102

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUILERA, NURY
10750 NW 66TH STREET #203
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name FERNANDO Encolani

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

10750 NW 66 St # 203

Miami, FL

City Miami, FL

FL

Zip Code 33178

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 FERNANDO Encolani

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

(NOTE: Registered Agent signature required when reinstating)

01/14/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

~~FILE NOW IN 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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AGUILERA, NURY	
STREET ADDRESS	WESLEY CENTER, 6801 NW 77TH AVE., STE 310A	
CITY-ST-ZIP	MIAMI FL 33166	
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	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDO Encolani	
STREET ADDRESS	10750 NW 66 St # 203	
CITY-ST-ZIP	Miami, FL 33178	
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		
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)(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

01/14/00 (305) 463-7235
Date Daytime Phone #

CR2E034 (10/00)