

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062542

1. Entity Name

ROMAN CRUISES INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

03-21-2001 90026 037 ***150.00

Principal Place of Business

Mailing Address

5510 NW 61 ST #107
COCONUT CREEK FL 33073

5510 NW 61 ST #107
COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

5510 NW 61st St.

5510 NW 61st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#107

#107

City & State

City & State

Coconut Creek FL

Coconut Creek FL

Zip

Zip

Country

Country

33073

US

33073

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, VERONICA
5510 NW 61 ST #107
COCONUT CREEK FL 33073

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

Veronica Peterson

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

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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 \$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	<input type="checkbox"/> Delete
NAME	Veronica Peterson	
STREET ADDRESS	5510 NW 61st St #107	
CITY-ST-ZIP	Coconut Creek FL 33073	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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

Veronica Peterson

3/16/01

Date

Daytime Phone #

954-421-0479

CR2E034 (10/00)