

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062861

1. Entity Name

ROMI'S WORLDWIDE, INC.

Principal Place of Business

9940 S.W. 32 STREET  
MIAMI FL 33165

Mailing Address

9940 S.W. 32 STREET  
MIAMI FL 33165

2. Principal Place of Business

11439 N.W. 34TH STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3294

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

LENNOX, CALIFORNIA

4. FEI Number

65-1020022

Applied For

Not Applicable

33178

Country

U.S.A.

Zip

90301

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FMR CORP.  
C/O FORMOSO-MURIAS, P.A.  
401 SW 27TH AVENUE - ONE UNITY SQUARE  
MIAMI FL 33135

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/V/T/S/D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ROSALBA GIL  
420 S. HINDRY AVE., UNIT F  
INGLEWOOD, CA. 90304

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

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

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

TITLE ☐ Change ☐ 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

APRIL 9, 2001

Date

(310) 337-9595

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)