

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90033 005 ***150.00

DOCUMENT # P00000062861

1. Entity Name
ROMI'S WORLDWIDE, INC.

Principal Place of Business

11439 N.W. 34TH STREET
MIAMI FL 33178

Mailing Address

PO BOX 3294
LENNOX CA 90301

2. Principal Place of Business

7247 NW 54th STREET

Suite, Apt. #, etc.

3. Mailing Address

7247 NW 54th STREET

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

City & State

MIAMI FL

4. FEI Number

65-1020022

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

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

Antonio MATOS

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

7247 NW 54th STREET

City

MIAMI FL

FL

Zip Code

33166

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

Antonio Matos

4/24/02

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, 2002 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	PVTD	<input checked="" type="checkbox"/> Delete
NAME	GIL, ROSALBA	
STREET ADDRESS	420 S. HINDRY AVE., UNIT F	
CITY-ST-ZIP	INGLEWOOD CA 90304	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICE DIAZ MARIN	
STREET ADDRESS	7247 NW 54th STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO MATOS	
STREET ADDRESS	7247 NW 54th STREET	
CITY-ST-ZIP	MIAMI FL 33166	
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:

Antonio Matos **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 305 357 7565

CR2E034 (9/01)