

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000065669**

1. Entity Name

**Consignments U.S.A. Inc**



**FILED**  
**03 AUG 26 AM 11:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**CONSIGNMENTS U.S.A. INC**

3. Mailing Address

**909 N/E 5<sup>th</sup> ST**

Suite, Apt. #, etc.

**909 N.E. 5<sup>th</sup> ST**

Suite, Apt. #, etc.

City & State

**CRYSTAL RIVER, FL**

City & State

**CRYSTAL RIVER FL**

Zip

**34428**

Country

**USA**

Zip

**34428**

Country

**USA**

4. FEI Number

**22 374 3601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**FRANK ROMANELLI**

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

**2284 W. ALBUIS DR**

City

**BEVERLY HILLS**

FL

Zip Code

**90210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Frank Romanelli**

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

(NOTE: Registered Agent signature required when reinstating)

**8-25-03**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
FRANK ROMANELLI  
909 N/E 5<sup>th</sup> ST  
CRYSTAL RIVER FL 34428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900022665769  
08/23/03--01062--003 \*\*550.00**

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank Romanelli** **FRANK ROMANELLI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-25-03**

Date

**352 564-1212**

Daytime Phone #

CR2E034B (12/02)