

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 021 ***150.00

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DOCUMENT # P 000000077757			
1. Entity Name ROMAN AURA INC			
Principal Place of Business		Mailing Address	
500 N.E. SPANISH RIVER BLVD		500 N.E. SPANISH RIVER BLVD	
Suite, Apt. #, etc. 28A		Suite, Apt. #, etc. 28A	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name: <u>EUGENE JADKOWSKI</u>	
		Street Address (P.O. Box Number is Not Acceptable): <u>500 N.E. SPANISH RIVER BLVD # 28A</u>	
		City: <u>BOCA RATON</u> FL Zip Code: <u>33431</u>	
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 <u>Eugene J. JADKOWSKI</u> Signature, typed or printed name of registered agent and title if applicable.		EUGENE J. JADKOWSKI (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DELA LAUREN</u> <input type="checkbox"/> Delete <u>500 N.E. SPANISH RIVER BLVD # 28A</u> <u>BOCA RATON, FL 33431</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>DeLa Lauren</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE REQUIRED	

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)