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**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am Secretary of State P01000061676 **DOCUMENT #** 1. Entity Name 02-11-2002 90080 018 \*\*\*158.75 **BRENROM CORPORATION** Principal Place of Business Mailing Address 1124 S POWERLINE ROAD 1124 S POWERLINE ROAD DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1121485 Not Applicable 7in Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ROMEO, ETTORE F Street Address (P.O. Box Number is Not Acceptable) 1124 S POWERLINE ROAD DEERFIELD BEACH FL 33442 Zip Code City FL 9. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (10/6) Vice-President, Secy. Delete Change TITLE TITLE President NAME Brenda L. Romeo NAME Ettore F. Romeo **CR2E034** 12342 Cascades Pointe Drive STREET ADDRESS STREET ADDRESS 12342 Cascades Pointe Drive Boca Raton, FL 33428 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33428 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP -CITY-ST-ZIP-☐ Detete Change ☐ Addition TILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITĹF TITLE ☐ Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 distance empowered to execute this propri 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. (870000) /-23-02 SIGNATURE: