

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91748 020 ***150.00

DOCUMENT # **PO10000065161**

1. Entity Name

Rommers International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13022 NW 8th Street

Suite, Apt. #, etc.

3. Mailing Address

13022 NW 8th Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, FL 33028

4. FEI Number

65-1134080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

33028

Florida

Zip

Country

33028

Florida

7. Name and Address of Current Registered Agent

Name

JOSEPH K. NDAL, D.A.

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

3284 N. State Rd 7

City

Lauderdale Lakes

FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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

May 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**President
Richard Uzor
13022 NW 8th Street
Pembroke Pines, FL 33028**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Vice-President
Cesar Beltran
13022 NW 8th Street
Pembroke Pines, FL 33028**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

May 2002 (954) 810-7711