## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000109924

Entity Name: ROMAR TILE & MARBLE INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19084 COCONUT ROAD FT. MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 19084 COCONUT ROAD FT. MYERS, FL 33912 FEI Number: 65-1152599 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IFRIM, MADELIN C 19084 COCONUT ROAD FT. MYERS, FL 33912 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition IFRIM, MARIAN Name: Name: 19084 COCONUT ROAD Address: Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MAIQUEZ, PAULINO JR. Name: 19084 COCONUT ROAD Address: Address: City-St-Zip: FT. MYERS. FL 33912 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition TS IFRIM, MADELIN C IFRIM, MADELIN C Name: Name: 19084 COCONUT ROAD 19084 COCONUT ROAD Address: Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: FT. MYERS, FL 33912 Title: (X) Delete Title: () Change () Addition MANRIQUE, CÁRLOS O Name: Name: Address: 19084 COCONUT ROAD Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: Title: (X) Delete Title: () Change () Addition IFRIM, MICHAEL M Name: Name: 19084 COCONUT ROAD Address: Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELIN C. IFRIM TS 04/29/2002