

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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90286 022 ***150.00

DOCUMENT # P02000001123

1. Entity Name

ROMAR COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1505 N RIVERSIDE DRIVE

3. Mailing Address
1505 N RIVERSIDE DRIVE

Suite, Apt. #, etc.
SUITE #1504

Suite, Apt. #, etc.
SUITE #1504

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FLORIDA

City & State
POMPANO BEACH, FLORIDA

4. FEI Number 30-0005035

Applied For
Not Applicable

Zip
33062

Country
USA

Zip
33062

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd STREET, 4th FLOOR

City MIAMI

FL

Zip Code
33145

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

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

(NOTE: Registered Agent Signature required when resigning)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD						
	DALLAIRE, MARIE-JOSEE						
	POMPANO BEACH, FL		33062				
	VTD						
	TEACHOUT, ROBERT						
	POMPANO BEACH, FL		33062				

**DO NOT WRITE
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03

954-788-3142

Date

Daytime Phone #

CR25034B (12/02)

Attachment

80137523
PD20000001123

ROMAR COMMUNICATIONS, INC.
1505 NORTH RIVERSIDE DRIVE
SUITE #1504
POMPANO BEACH, FLORIDA 33062
(954)788-3142

August 6th 2003

Florida Department of State
Uniform Business report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Romar Communications, Inc./P020000001123

Dear Sir or Madam,

Please find enclosed the 2003 Uniform Business Report for Romar Communications, Inc. I am enclosing the filing fee of \$150.00 and I am asking you to waive the additional \$400.00 fee for filing after May 1st. Unfortunately, the 1st notice never reached my office and since it was my first annual report renewal I was not aware of the filing deadline.

Thank very much for your understanding in this matter.

Truly yours,



Marie Josee Dallaire, President