

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000009695

FILED
Jan 18, 2003
Secretary of State

Entity Name: RHOMBAS, INC.

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401

New Principal Place of Business:

317 CHILIAN AVE
PALM BEACH, FL 33480

Current Mailing Address:

C/O ROBERT O. ROGERS
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401

New Mailing Address:

C/O ALLISON ROGERS HAFT
317 CHILIAN AVENUE
PALM BEACH, FL 33480

FEI Number: 61-1402473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFT, STUART J ESQ.
C/O ALLEY MAASS ROGERS & LINDSAY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

HAFT, ALLISON R ESQ.
317 CHILIAN AVENUE
PALM BEACH, FL 33480 US

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: ALLISON ROGERS HAFT

01/18/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROGERS, ROBERT O
Address: 505 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: HAFT, ALLISON R
Address: 317 CHILIAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Change (X) Addition
Name: MEYER, STEPHANIE L
Address: 405 DUNROBIN LANE
City-St-Zip: SIMPSONVILLE, SC 29681

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: ALLISON ROGERS HAFT

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01/18/2003

Electronic Signature of Signing Officer or Director

Date