

**2001 UNIFORM BUSINESS REPORT (UBR)**

*Amended*

07-25-2001 90015 029 \*\*\*\*\* 70.00  
P93000040076

DOCUMENT # P93000040076  
1. Entity Name ROMAR OF SOUTH FLORIDA, INC  
ROMAR OF SOUTH FLORIDA, INC

**FILED**

01 AUG 10 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address (SAME)  
1111 KANE CONCOURSE  
Suite 150  
BAY HARBOR ISLANDS, FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 05-0418800 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
Zip Code

MARIO GONZALEZ  
1111 KANE CONCOURSE  
Suite 150  
BAY HARBOR ISLANDS FL 33154

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] MARIO GONZALEZ - PRESIDENT 7/16/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PRESIDENT AND DIRECTOR</b>	<b>MARIA C. BLUMENTHAL</b>	<b>1111 KANE CONCOURSE - Suite 150</b>	<b>BAY HARBOR ISLANDS - FL 33154</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>PRESIDENT AND DIRECTOR</b>	<b>MARIO GONZALEZ</b>	<b>1111 KANE CONCOURSE - Suite 150</b>	<b>BAY HARBOR ISLANDS - FL 33154</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] MARIO GONZALEZ - PRESIDENT - 7/16/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-8649172  
305-8649172

CR2E034 (11/00)