

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 007 ***150.00

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1. Entity Name

ROMAR OF SOUTH FLORIDA, INC



Principal Place of Business

Mailing Address

**1111 KANE CONCOURSE #150
BAY HARBOR ISLANDS, FL 33154**

**SAME AS
#2**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

65-0418800

Applied For

(Not Applicable)

Zip

Country

Zip

Country

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

**GONZALEZ, MARIO
1111 KANE CONCOURSE STE 150
BAY HARBOR ISLANDS, FL 33154**

Name **STEPHEN Ickowitz**

Street Address (P.O. Box Number is Not Acceptable)
1111 KANE CONCOURSE STE 150

City **BAY HARBOR ISLANDS FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Stephen Ickowitz*
Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE 11)

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------------------|------------------------------|-------------------------------------|
| PD | GONZALEZ, MARIO | 1111 KANE CONCOURSE STE 150 | BAY HARBOR ISLANDS, FL 33154 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------------------|-----------------------------|------------------------------|---------------------------------|--|
| PD | STEPHEN Ickowitz | 1111 KANE CONCOURSE STE 150 | BAY HARBOR ISLANDS, FL 33154 | <input type="checkbox"/> | <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"/> |

12. 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other, like empowered.

SIGNATURE: *Stephen Ickowitz* **STEPHEN ICKOWITZ** 4/10/03

CR 2003 110792