

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026776

1. Entity Name

ALROMA INVESTMENTS CORPORATION

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90044 041 \*\*\*150.00

Principal Place of Business

Mailing Address

1657 WEST 39TH PLACE  
HIALEAH FL 33012-7014  
US

1657 WEST 39TH PLACE  
HIALEAH FL 33012-7014  
US

80043110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3642 W 16 Ave  
Suite, Apt. #, etc.

3642 W 16 Ave  
Suite, Apt. #, etc.

City & State  
Hialeah, FL

City & State  
Hialeah, FL

4. FEI Number 65-0494460

Applied For  
Not Applicable

Zip 33012 Country

Zip 33012 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

BIRNBAUM, MARC  
20801 BISCAYNE BLVD  
SUITE 400  
MIAMI FL 33180

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1031 Ives Dairy Road Suite 228  
City Miami FL Zip Code 33179

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, 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, 2000 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	ST GLUCK, VIVIAN 1657 W 39TH PLACE HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3642 W 16 Ave Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLUCK, MAURICIO 1655 W 39TH PL HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3642 W 16 Ave Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mauricio Gluck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 305 362-4512  
Date Daytime Phone #