

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037253

1. Entity Name
Roma Corp.

Principal Place of Business
18550 North Bay Road

Mailing Address

Sunny Isle Beach FL 33160

2. Principal Place of Business
18550 North Bay Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunny Isle Beach FL

City & State

Zip **33160** Country

Zip Country

FILED

00 JAN 27 PM 2:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0912020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**Joseph V Hermanns, Jr., Esq.
1643 Hollywood Blvd.**

Hollywood, FL 33020

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

TITLE **P/D**
NAME **Joseph Hermanns**
STREET ADDRESS **1720 Jefferson St., #209**
CITY-ST-ZIP **Hollywood FL 33020**

TITLE **President/Director**
NAME **Luigi Barone**
STREET ADDRESS **18550 North Bay Road**
CITY-ST-ZIP **Sunny Isle Beach, FL 33160**

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
500003118365-5
-02/01/00--01067--004
*******150.00 *****150.00**

Vice President/Director
Pierluigi Barone
18550 North Bay Road
Sunny Isle Beach, FL 33160

☐ Change ☒ Addition

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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 **Luigi Barone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)