

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

DOCUMENT # P94000037253

1. Entity Name

ROMA CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18550 NORTH BAY ROAD

Suite, Apt. #, etc.

3. Mailing Address

7621 TERBOIS

Suite, Apt. #, etc.

City & State

SUNNY ISLE BEACH, FL

Zip

33160

Country

USA

City & State

MONTREAL, QUEBEC

Zip

H1S3C9

Country

CANADA

4. FEI Number

65-0570683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID TORCHIN, C.P.A.

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

8211 W. BROWARD BLVD., STE. 200

City

PLANTATION

FL

Zip Code

33324

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

DAVID TORCHIN, C.P.A.

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-2-02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | P. BARONE, LUIGI 7621 TERBOIS MONTREAL, QUEBEC CANADA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luigi Barone

LUIGI BARONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-2-02

514-725-2089

Daytime Phone #

CR2E034B (12/01)

ROMA CORP.
7621 Terbois
Montreal, Quebec H1S3C9
Canada

12-02-02

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P94000037253

To Whom It May Concern:

Please be advised that my business mailing address has changed.

As a result of this, I never received my Uniform Business Reports or Dissolution Notices. I have enclosed a blank report that I have filled out along with the filing fees that were due for each year.

Please reinstate my company and update my address information.

Thank you,


Luigi Barone
President