

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90194 044 ***150.00

DOCUMENT # P94000037253

1. Entity Name

ROMA CORP.



DO NOT WRITE IN THIS SPACE

90029007

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

City & State

MONTREAL QUEBEC

Zip

33160

Country

USA

Zip

HIS-3C9

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

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IN THIS SPACE**

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

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

DAVID TORCHIN, C.P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LUIGI BARONE	7621 TERBOIS	MONTREAL QUEBEC CANADA HIS-3C9
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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CR2E034B (12/02)

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 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

2-3-03
Daytime Phone #

514-725-2089