

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082968

1. Entity Name

ROMOCA TRADING CORPORATION

Principal Place of Business

8512 NW 61 ST #101
MIAMI FL 33166

Mailing Address

11315 NW 66 ST
MIAMI FL 33178-3632
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #1 etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0541176

Applied For

Not Applicable

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

DEL PINO, ROGELIO A ESQ
1835 W FLAGLER ST
SUITE 201
MIAMI FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS
NAME GERA, GERARDO
STREET ADDRESS % 4501 NW 102ND CT
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
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TITLE DPT
NAME RODRIGUEZ, CARLOS
STREET ADDRESS 11315 NW 66 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

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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:

CARLOS E. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90012 040 ***150.00



DO NOT WRITE IN THIS SPACE

01/06/00 305-591-0060