

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004343

1. Entity Name
ROMDEL INDUSTRIAL, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90137 036 ***150.00

Principal Place of Business

9111 NW 105 WAY
MEDLEY FL 33178
US

Mailing Address

9111 NW 105 WAY
MEDLEY FL 33178
US

2. Principal Place of Business

9949 NW 89 AVENUE

3. Mailing Address

9949 NW 89 AVENUE

Suite, Apt. #, etc.

Box 10

Suite, Apt. #, etc.

Box 10

City & State

MEDLEY FL.

City & State

MEDLEY FL.

Zip

33178

Country

USA.

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0548507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMERO, JUAN I
5086 NW 74 AVE
MIAMI FL 33160

7. Name and Address of New Registered Agent

Name **ROMERO, JUAN I**

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

9949 NW 89 AVENUE

City **MEDLEY**

FL

Zip Code

33178

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, 2001 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 **PSTD**
NAME **ROMERO, JUAN I**
STREET ADDRESS **5086 NW 74 AVE**
CITY - ST - ZIP **MIAMI FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
9949 NW 89 AVENUE
MEDLEY FL. 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)