

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90016 024 ***150.00

DOCUMENT # P95000091984

1. Entity Name

ROMAN DELIGHT OF WEST OAKS MALL, INC.

Principal Place of Business

ROMAN DELIGHT
2951 MARINA BAY DR STE 130
OCFEE FL 34761
US

Mailing Address

ROMAN DELIGHT
2951 MARINA BAY DR STE 130
LEAQUE CITY TX 77573
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Harrisonburg, Va

4. FEI Number **52-1957298**

Applied For

Not Applicable

Zip

Country

Zip

Country

22803

US

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

LUCE, DOMENICK R
1645 PALM BEACH LAKES BLVD.
SUITE 1200
W. PALM BEACH FL 33401

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTTO, NICK	
STREET ADDRESS	1120 NASA RD ONE, STE 110	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCOTTO, DOMENIC	
STREET ADDRESS	43 SCARLET DR	
CITY-ST-ZIP	PARLIN NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCOTTO, TERESA	
STREET ADDRESS	1120 NASA RD ONE STE 110	
CITY-ST-ZIP	HOUSTON TX 77058	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Daytime Phone #

CR2E034 (10/00)