

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90022 042 ***150.00

010103



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000092453

1. Entity Name

ROMANOS BROTHERS, INC.

Principal Place of Business

Mailing Address

382 N. ORLANDO AVE.
COCOA BEACH FL 32931
US

POST OFFICE BOX 321115
COCOA BEACH FL 32932-1115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3408540**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MARCELINO E. ROMANOS
14 AZALEA DR.
COCOA BCH FL 32931

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	RAMANOS, RHEA S	14 AZALEA DRIVE	COCOA BEACH FL 32931	<input checked="" type="checkbox"/>
VD	ROMANOS, ABDALLAH E	320 CARMINE DR.	COCOA BEACH FL	<input type="checkbox"/>
STD	ROMANOS, PAUL E	14 AZALEA DRIVE	COCOA BEACH FL 32931	<input checked="" type="checkbox"/>
V	ROMANOS, JAMAL B	14 AZALEA DR	COCOA BCH FL 32931	<input checked="" type="checkbox"/>
V	ROMANOS, RIMA	320 CARMINE DR	COCOA BCH FL 32931	<input checked="" type="checkbox"/>
V	ROMANOS, TAKLA	14 AZALEA DR	COCOA BCH FL 32931	<input checked="" type="checkbox"/>

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

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

2/5/00

Date

(321) 784-1577

Daytime Phone #

CR2E034 (9/99)