

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016293

1. Entity Name

Tromen, Inc.

Principal Place of Business

Mailing Address

7951 SW 40 ST. #206  
Miami, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0729568

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

OSVALDO J. DIAZ  
7951 SW 40 ST. #206  
Miami, FL 33155

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Eugenio Nader  
7951 SW 40 ST. #206  
Miami, FL 33155

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(D)  
OSVALDO J. DIAZ  
7951 SW 40 ST.  
Miami, FL 33155

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 AUG 30 PM 4:24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)

TROMEN, INC.  
DOC.#P97000016293

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURHTER STATE THAT I NEVER RECEIVED ANY NOTICE FROM YOUR  
OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS  
CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED  
IN THE ANNUAL REPORT .

CORDIALLY

  
OSVALDO J. DIAZ  
DIRECTOR

FILED  
01 AUG 30 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA