

602 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90035 001 ***150.00

DOCUMENT # P97000032567

1. Entity Name

ROMAINE INVESTMENTS CORP.

Principal Place of Business

**1556 CYPRESS DR #20
 JUPITER FL 33469
 US**

Mailing Address

**1556 CYPRESS DR #20
 JUPITER FL 33469
 US**

2. Principal Place of Business

3. Mailing Address

**612 N. Orange Ave., Ste. A-8
 Jupiter, FL 33458**

**612 N. Orange Ave., Ste. A-8
 Jupiter, FL 33458**

DO NOT WRITE IN THIS SPACE

EI Number

65-0744412

Applied For

Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KARAMEROS, ALICE F D
 203 XANADU PL
 JUPITER FL 33477**

7. Name and Address of New Registered Agent

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	KARAMEROS, ALICE F	
STREET ADDRESS	1556 CYPRESS DR #20	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMEROS, GEORGE	
STREET ADDRESS	1556 CYPRESS DR #20	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMEROS, ELEFTERI S	
STREET ADDRESS	1556 CYPRESS DR #20	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMEROS, SOCRATES	
STREET ADDRESS	1556 CYPRESS DR #20	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	203 Xanadu Place	
STREET ADDRESS	Jupiter, FL 33477	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	203 Xanadu Place	
STREET ADDRESS	Jupiter, FL 33477	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	203 Xanadu Place	
STREET ADDRESS	Jupiter, FL 33477	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)