## 02 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P97000032567 1. Entity Name ROMAINE INVESTMENTS CORP. Mailing Address Principal Place of Business 1556 CYPRESS DR #20 1556 CYPRESS DR #20 JUPITER FL 33469 JUPITER FL 33469 US 3. Mailing Address 2. Principal Place of Business 612 N. Orange Ave., Ste. A-8 612 N. Orange Ave., Ste. A-8 Jupiter FT. 33450 33458 Juniter FI

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

02-20-2002 90035 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  RARAMEROS, ALICE F D  203 XANADU PL  JUPITER FL 33477  City  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, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent alignature required when reinstating)  PATE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  JUPITER FL 33469  Additional Fee Required  For Required  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Name and Address of New Registered Agent  Name and Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10. Election Campaign Financing  Trust Fund Contribution.  Address (P.O. Box Number is Not Acceptable)  10. Election Campaign Financing  Trust Fund Contribution.  Added to Fees  Added to Fees  11. OFFICERS AND DIRECTORS IN 11  Name and Address (P.O. Box Numb	· F /	. 11 33430	. oupiter, in .	33430	=	El Number	65-0744412	<del></del> -		plied For
6. Name and Address of Current Registered Agent  KARAMEROS, ALICE F D  203 XANADU PL JUPITER FL 33477  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)  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  The Bould of Price of Status Desired Agent signature required when reinstating)  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  The Bould of Price of Status Desired Agent signature required when reinstating)  The Company of Price of State State Of		<u>1</u>	•		_		00 01 444 12			
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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.