

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062608

1. Entity Name  
ROMA BELLA DESIGN, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90227 014 \*\*\*150.00

Principal Place of Business

8911 COLLINS AVE  
503  
SURFSIDE FL 33154  
US

Mailing Address

8911 COLLINS AVE  
503  
SURFSIDE FL 33154  
US

2. Principal Place of Business

284 Bal Bay Dr. #5B  
Suite, Apt. #, etc.  
Bal Harbour, FL  
City & State

3. Mailing Address

284 Bal Bay Dr. #5B  
Suite, Apt. #, etc.  
Bal Harbour FL 33154  
City & State



DO NOT WRITE IN THIS SPACE

Zip 33154 Country USA

Zip 33154 Country USA

4. FEI Number 65-0770818

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

STANTON, DEBRA  
8911 COLLINS AVE  
503  
SURFSIDE FL 33154

7 please  
change  
address

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 *Debra Stanton*

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  
PTSD  
STANTON, DEBRA  
8911 COLLINS AVE 503  
SURFSIDE FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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

Date

Daytime Phone #

CR2E034 (10/00)