

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90088 036 \*\*\*150.00

0318384

**DOCUMENT # P97000099442**

1. Entity Name  
**LANTANA IMPORTS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>335 MOCKINGBIRD LANE<br/>         BAYS 13015<br/>         LANTANA FL 33462<br/>         US</b> | Mailing Address<br><b>335 MOCKINGBIRD LANE<br/>         BAYS 13-15<br/>         LANTANA FL 33462<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                 |  |
|---------------------------------|--|
| 4. FEI Number <b>65-0796694</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**DUBROW DUKER & ASSOCIATES, P.A.  
 2832 UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33065**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  |  |
|---|--|
| TITLE NAME<br>D<br>BEVELL, JAMES<br>STREET ADDRESS<br>1212 19TH AVE. N.<br>CITY-ST-ZIP<br>LAKE WORTH FL 33460       | <input checked="" type="checkbox"/> Delete |
| TITLE NAME<br>S<br>BEVELL, MARY M.<br>STREET ADDRESS<br>1212 19TH AVE N<br>CITY-ST-ZIP<br>LAKE WORTH FL 33460       | <input checked="" type="checkbox"/> Delete |
| TITLE NAME<br>P<br>ROMANO, JOHN N<br>STREET ADDRESS<br>14 DOGWOOD CR.<br>CITY-ST-ZIP<br>BOYNTON BEACH FL 33436      | <input type="checkbox"/> Delete            |
| TITLE NAME<br>VT<br>ROMANO, VICTORIA J<br>STREET ADDRESS<br>14 DOGWOOD CR.<br>CITY-ST-ZIP<br>BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME<br>Director<br>JOHN N ROMANO<br>STREET ADDRESS<br>14 DOGWOOD CR.<br>CITY-ST-ZIP<br>BOYNTON BEACH FL 33436      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>SECRETARY<br>VICTORIA J ROMANO<br>STREET ADDRESS<br>14 DOGWOOD CR.<br>CITY-ST-ZIP<br>BOYNTON BEACH FL 33436 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: Victoria J. Romano Victoria J. Romano 1/12/01 (561) 573-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)