

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105106

1. Entity Name
ROM-ROS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90160 042 ***150.00

Principal Place of Business
2600 MAITLAND CENTRAL PKWY
STE 140
MAITLAND FL 32751

Mailing Address
2600 MAITLAND CENTRAL PKWY
STE 140
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3482606

Applied For

Not Applicable

Zip Country

Zip Country

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

JABBARI, MEHRAN M
107 N LONGWOOD AVE
ALTAMONTE SPRINGS FL 32701

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
PVST
AZAR, ISMAIL R
2510 YALE AVE 784 Minerva La
SANFORD FL 32771 Lake Mary, FL 32746

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AZAR, ISMAIL R
2510 YALE AVE 784 Minerva La
SANFORD FL 32771 Lake Mary, FL 32746

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CR2E034 (10/00)

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AZAR, ISMAIL R (PVST) 4/17/01 (407) 6670347

Date

Daytime Phone #