

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106754

1. Entity Name

ROM-NET, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90046 034 ***150.00

Principal Place of Business

11415 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33156

Mailing Address

11415 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33156-4443

2. Principal Place of Business

11415-A S. Dixie Hwy.

Suite, Apt. #, etc.

Miami, FL

City & State

Zip

33156

Country

U.S.A.

3. Mailing Address

P.O. Box 565417

Suite, Apt. #, etc.

Miami, FL

City & State

Zip

33256-5417

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0806818

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

BROWN, RICHARD

9485 SUNSET DRIVE, SUITE A-195
MIAMI FL 33173

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS INGERSOLL, TOM
CITY-ST-ZIP 11415 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33156

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROMANO, LOU
CITY-ST-ZIP 11415 S. DIXIE HIGHWAY
MIAMI FL 33156

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HALDEMAN, HANK
CITY-ST-ZIP 1350 LOMAY PL
PASADENA CA 91003

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS ROMANO, TRULEE
CITY-ST-ZIP 11415 S DIXIE HWY
MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME P/S/T/D
STREET ADDRESS Trulee Romano
CITY-ST-ZIP 11415-A South Dixie Hwy.
Miami, FL 33156

TITLE ☐ Delete
NAME VPD
STREET ADDRESS ROMANO, PAT
CITY-ST-ZIP 1460 AVON LANE 931
N LAUDERDALE FL 33068

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

TITLE ☐ Delete
NAME DVP
STREET ADDRESS CASSELL, RON
CITY-ST-ZIP 2230 NE 56TH PL 204
FT LAUDERDALE FL 33308

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou Romano 1/6/00 770-8158

Date

Daytime Phone #

CR2E034 (9/99)