

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000000197

1. Entity Name

ROMAN-TECH TILE, INC

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90115 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1107 N.E. 5<sup>th</sup> ST.  
HALLANDALE  
FLORIDA 33009609 NE 14<sup>th</sup> AVENUE  
#401 - HALLANDALE  
FLORIDA 33009

2. Principal Place of Business

FLORIDA

3. Mailing Address

609 NE 14<sup>th</sup> AV1107 NE 5<sup>th</sup> ST. HALLANDALE FL 33009

#401 HALLANDALE FL 33009

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HALLANDALE - FLORIDACity & State  
HALLANDALE - FLORIDA

4. FEI Number

65-0811270

Applied For

Not Applicable

Zip  
33009Country  
BROWARDZip  
33009Country  
BROWARD5. 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

STEFAN NEAGU  
609 N.E. 14<sup>th</sup> AVENUE #401  
HALLANDALE  
FLORIDA 33009

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 Stefan Neagu STEFAN NEAGU - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4.10.2000

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	STEFAN NEAGU	
STREET ADDRESS	609 N.E. 14 <sup>th</sup> AVENUE #401	
CITY-ST-ZIP	HALLANDALE FLORIDA 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: STEFAN NEAGU Stefan Neagu  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.2000

Date

954-455-0521

Daytime Phone #

CR2E034 (9/99)