

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009818

1. Entity Name

ROMISA INTERNATIONAL CORP.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90178 019 \*\*\*150.00

Principal Place of Business

8015 S.W. 158TH AVENUE  
MIAMI FL 33193

Mailing Address

8015 S.W. 158TH AVENUE  
MIAMI FL 33193-3029

2. Principal Place of Business

12973 SW 112 St.  
Suite, Apt. #, etc.  
# 179

3. Mailing Address

12973 SW 112 St.  
Suite, Apt. #, etc.  
# 179



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0813826

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

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

ROMAN, ALEX  
8015 S.W. 158TH AVENUE  
MIAMI FL 33193

Name

6969 Collins Ave,  
# 1504

City

MIAMI BEACH

FL

Zip Code

33141

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ROMAN, ALEX  
8015 S.W. 158TH AVENUE  
MIAMI FL 33193 ☐ Delete

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

TITLE  
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ROMAN, ALEX  
8015 S.W. 158TH AVENUE  
MIAMI FL 33193 ☐ Delete

TITLE  
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☐ 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:

ALEX ROMAN

1/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)