

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021622

1. Entity Name

ROMO 3000 INVESTMENTS, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90154 004 ***558.75

Principal Place of Business

9240 SW 134 PL
MIAMI FL 33186

Mailing Address

9240 SW 134 PL
MIAMI FL 33186

2. Principal Place of Business

141 HARBOR DR.

3. Mailing Address

141 HARBOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAYNE FL

City & State

KEY BISCAYNE FL

4. FEI Number

65-0881117

Applied For

Not Applicable

Zip

33149

Country

U.S.A.

Zip

33149

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ
501 BRICKELL KEY DRIVE SUITE 504
MIAMI FL 33131

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D RODRIGUEZ, OCTAVIO J
STREET ADDRESS 540 BRICKELL KEY II, APT 310
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME D DE RODRIGUEZ, YOLANDA MORENO
STREET ADDRESS 540 BRICKELL KEY II, APT 310
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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) RODRIGUEZ

Date

Daytime Phone #

7/28/00

305-365-8127

CR2E034 (5/00)