

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90046 018 ***158.75

DOCUMENT # P98000021622

1. Entity Name

ROMO 3000 INVESTMENTS, INC.

Principal Place of Business

**141 HARBOR DR
 KEY BISCAINE FL 33149**

Mailing Address

**141 HARBOR DR
 KEY BISCAINE FL 33149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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 \$150.00
 After May 1, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RODRIGUEZ, OCTAVIO J**
 CITY-ST-ZIP **640 BRICKELL KEY II, APT 310**
MIAMI FL 33129

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DE RODRIGUEZ, YOLANDA MORENO**
 CITY-ST-ZIP **540 BRICKELL KEY II, APT 310**
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 **141 HARBOR DR**
 CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **141 HARBOR DR**
 CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

305-365-8127

Daytime Phone #

CR2E034 (9/01)