

99-03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000049285

1. Entity Name

Romaine & Iceberg Enterprise Inc

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
02 MAR -1 AM 11:02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5400 N Dixie Hwy

3. Mailing Address

5400 N Dixie Hwy

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65 0847410

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ed Murphy

Street Address (P.O. Box Number is Not Acceptable)

5400 N Dixie Hwy #7

City

Boca Raton

FL

Zip Code

33487

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IN THIS SPACE

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ed Murphy
5400 N Dixie Hwy #7
Boca Raton FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300005074163--3
-03/08/02--01085--023
****600.00 ****600.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Professional Business Solutions

The Bottom Line Experts

February 13, 2002

Florida Department of State
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Romaine & Iceberg Enterprise, Inc.

Dear Sir or Madam:

We have enclosed the annual report for the above named business along with a check for \$600, which represents four ~~years~~ of annual report fees. We ask that the associated penalties be waived as the address on the original articles of incorporation was incorrect and, therefore, the annual reports were never received.

We await your response.

Sincerely,



Concetta Lupardo