

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071290

1. Entity Name  
ROMA SHOES, CORP

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
05-14-2001 90010 014 \*\*\*150.00

Principal Place of Business

Mailing Address

~~11885 SW 26 ST A2 UNIDAD #5~~  
~~MIAMI FL 33175~~

~~11885 SW 26 ST A2 UNIDAD #5~~  
~~MIAMI FL 33175~~

2. Principal Place of Business

205-11 Street

3. Mailing Address

SOME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Beach, FL

City & State

Zip 33139

Country

Zip

Country

4. FEI Number 65-0939953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE LA PAZ, MONICA  
900 WEST AVE APT #1129  
MIAMI FL 33139

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, 2001 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 PD ☐ Delete  
NAME DE LA PAZ, MONICA  
STREET ADDRESS 900 WEST AVE APT #1129  
CITY-ST-ZIP MIAMI FL 33139

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1345 W AVENUE # 1004  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS JAIME DELA PAZ  
CITY-ST-ZIP 1345 W. AVENUE # 1004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS MIAMI BEACH FL 33139  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (305) 485-9300  
Date Daytime Phone #

CR2E034 (10/00)