

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073633

1. Entity Name

ROMEX USA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90126 022 ***150.00

Principal Place of Business

Mailing Address

8919 SONOMA LAKE BLVD.
BOCA RATON FL 33434

8919 SONOMA LAKE BLVD.
BOCA RATON FL 33434-4062

2. Principal Place of Business

557 AVE PARDO

3. Mailing Address

21433 CRESTFALLS CT

Suite, Apt. #, etc.

APT 401

Suite, Apt. #, etc.

DOCA RATON

City & State

MIRAFLORES

City & State

FLORIDA

Zip

LIMA

Country

PERU

Zip

33428

Country

USA

4. FEI Number

65-0940296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURBANO, CARLOS ENRIQUE
8919 SONOMA LAKE BLVD.
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name GEOFFREY CARTER

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

21433 CRESTFALLS CT

City

DOCA RATON

FL

Zip Code

33428

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

Carlos E. Burbano
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

17 APRIL 00

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

TITLE PD ☐ Delete
NAME BURBANO, CARLOS ENRIQUE
STREET ADDRESS 8919 SONOMA LAKE BLVD.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE VP ☐ Delete
NAME ANGELA ROSE CARTER
STREET ADDRESS 21433 CRESTFALLS CT
CITY-ST-ZIP BOCA RATON FL 33428

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
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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:

Carlos E. Burbano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APRIL 00 561 487
Carlos Enrique Burbano 8367
Date Daytime Phone #

CR2E034 (9/99)