

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90275 001 *****8.75
04-18-2001 90275 002 ***150.00

DOCUMENT # P99000090261

1. Entity Name

ROMA INTERNATIONAL FINANCIAL FOUNDATION INC

Principal Place of Business

Mailing Address

2215 WEST 64TH STREET, APT. 102
HIALEAH GARDENS FL-3306

2. Principal Place of Business

3. Mailing Address

6501 MAIN STREET

P.O. Box 161193

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 9-101

City & State

City & State

MIAMI LAKES - FLORIDA

HIALEAH GARDENS FL

4. FEI Number

Applied For

65-0955662

Not Applicable

Zip

Country

Zip

Country

33014

U.S.A.

33016-0020

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTA, RAUL

Name

ORTA, RAUL

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

6501 MAIN STREET, APT. 9-101

City

MIAMI LAKES

FL

Zip Code

33014

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 RAUL ORTA, PRESIDENT-CHAIRMAN

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

(NOTE: Registered Agent signature required when reinstating)

4/3/01

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

\$5.00 May Be

Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME ORTA, RAUL
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE GD
NAME ORTA, RAUL
STREET ADDRESS 6501 MAIN STREET, APT. 9-101
CITY-ST-ZIP MIAMI LAKES - FL-33014

☐ Change ☐ Addition

TITLE VSD
NAME ORTA, MONICA
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VSD
NAME MONICA ORTA
STREET ADDRESS 6501 MAIN STREET, APT. 9-101
CITY-ST-ZIP MIAMI LAKES - FL-33014

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 the empowered.

SIGNATURE: RAUL ORTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 (305) 825 8857

Date

Daytime Phone #

CR2E034 (11/00)