FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000091403

1. Entity Name

ROMA REAL ESTATE HOLDINGS, INC.



FILED May 30, 2003 8:00 am Secretary of State

05-30-2003 90087 038 ***550.00

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謝事 17 3 萨嘎波 步, 977	DO W	U		IN IHIS	SPAC	E					
2. Principal Pl 171 N	lace of Busin		REET	3. Mailing Address 171 NW 16th STREET				_	,		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State POMPANO BEACH, FL				City & State POMPANO BEACH,		FL		4. FEI Number 65-0956010			Applied For Not Applicable
Zip Country — USA — — — — — — — — — — — — — — — — — — —				Zip 3-3060		Country —USA————		5. Certificate of Status Desired See Required.			
						Nomo	7. Nar	me and Address of Current Registered Agent			
DO NOT V				DITE		(% # W.C.)		ORE, LINO P			
	A THE TALL OF	" 如 解 的 唯 加	医马克尼克氏试验 医胸腔脑底			Street Address (P.O. Box Number is Not Acceptable)					
		VT	HIS SP	ACE				//			
City							OMPANC) BEACH	FL	Zip 3	860
				the purpose of chang	ing its registere	ed office or reg	gistered age	nt, or both, in the State of Flor	ida. I am famili	ar wi	th, and accept
the obligati	ions of egist.	ereu age	^{111.} //	Đ					1	/	
SIGNATURE .	ju	سی	M		(NOTE: Populario	d Agent signature re	noutred when rain	netation)	5/27/	0	3
Jan		and the second second	ame of registyred agent a s. Is \$150.00	no title ii applicable.	(NOTE: Hegistere	A Agent signature in	equired when ton		//		
After May 1, Fee is \$550.00 Amended UBR is \$61.25								Election Campaign Final Trust Fund Contribution.			5.00 May Be Ided to Fees
			Department of	th the real constraints					a villa de la companiona de la companion	20.00	en e vere vere vere vere en en e
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12. I hereby certify that the information supplied with his 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 10 or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)