## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # V09196** ROMI CORPORATION 01-25-2000 90125 027 \*\*\*150.00 Principal Place of Business Mailing Address 15303 S. DIXIE HIGHWAY 15303 S. DIXIE HIGHWAY MIAMI FL 33157-1831 MIAMI FL 33157 80007274 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0309754 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ Q, Rodolfo E. Street Address (P.O. Box Number is Not Acceptable) 11514 5. w. 153 PL. Name MARTINEZ Q, RODOLFO E. 9690 S.W. 152ND AVENUE, #24 **MIAMI FL 33196** 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 Rodolfo E. MARTINEZ Q FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Delete TITLE MARTINEZ Q, RODOLFOE. MARTINEZ Q, RODOLFO E. NAME 11514 5.W. 153 PL. 9690 S.W. 152ND AVENUE, #24 STREET ADDRESS MIAMI FL. 33196 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Change Addition Delete TITLE MARTINEZ, MIRTA F. TITLE MARTINEZ, MIRTA F. NAME 11514 5.W. 153 PL. Minmi FL. 33196 STREET ADDRESS 9690 S.W. 152ND AVENUE, #24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 ☐ Change - ·· ☐ Addition TITLE \_\_ Delete\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F MAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

□ Addition