

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000114

Entity Name: RMS INTERNATIONAL (USA) INC.**Current Principal Place of Business:**6625 MIAMI LAKES DRIVE, E 375
MIAMI LAKES, FL 33014**Current Mailing Address:**6625 MIAMI LAKES DRIVE, E 375
MIAMI LAKES, FL 33014 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAVENSCROFT, BRETT
6625 MIAMI LAKES DRIVE, E 375
MIAMI LAKES, FL 33014 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPT
Name	FARBER, ZACK
Address	4 GILL STREET STE A
City-State-Zip:	WOBURN MA 01801

Title	DS
Name	RAVENSCROFT, BRETT
Address	4 GILL STREET STE A
City-State-Zip:	WOBURN MA 01801

Title	DIRECTOR
Name	FARBER, TYRONE
Address	4 GILL STREET STE. A
City-State-Zip:	WOBURN MA 01801

Title	DIRECTOR
Name	FLUDE, JAMES
Address	4 GILL STREET STE. A
City-State-Zip:	WOBURN MA 01801

Title	DIRECTOR
Name	JANNETTY, SARA
Address	4 GILL STREET STE. A
City-State-Zip:	WOBURN MA 01801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES FLUDE**DIRECTOR****01/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date