

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90219 002 ***150.00

0299705

DOCUMENT # P00000000901

1. Entity Name

RMS LEGAL SERVICES, INC.

Principal Place of Business

2101 N.W. CORPORATE BLVD., SUITE 325
 BOCA RATON FL 33431

Mailing Address

2101 N.W. CORPORATE BLVD., SUITE 325
 BOCA RATON FL 33431

2. Principal Place of Business

6305 VIA PALLADIUM

Suite, Apt. #, etc.

3. Mailing Address

6305 VIA PALLADIUM

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW MERLO, P.A.
2101 N.W. CORPORATE BLVD., SUITE 325
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

ANDREW MERLO, P.A.

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

2300 GLADES ROAD

SUITE 307E

City

BOCA RATON,

FL

Zip Code

33431

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

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

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **SHAYN, MARGARITA**
 STREET ADDRESS **2101 N.W. CORPORATE BLVD., SUITE 325**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, S, T - AND DIRECTOR** ☒ Change ☐ Addition
 NAME **RITA ABRAMSON**
 STREET ADDRESS **6305 VIA PALLADIUM**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☐ Addition
 NAME
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 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:

RITA ABRAMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(561) 620-8224

Daytime Phone #

CR2E034 (10/00)