

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36183

1. Entity Name

RMCES CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90022 047 ***150.00

Principal Place of Business

Mailing Address

100 CLEARBROOK ROAD
ELMSFORD NY 10523

100 CLEARBROOK ROAD
ELMSFORD NY 10523-1116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3468413

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, MARTIN S.	
STREET ADDRESS	100 CLEARBROOK ROAD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WEINBERG, ROBERT	
STREET ADDRESS	100 CLEARBROOK ROAD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ROOS, LLOYD I.	
STREET ADDRESS	100 CLEARBROOK ROAD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, TIM M	
STREET ADDRESS	100 CLEARBROOK ROAD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERGER, BRAD W	
STREET ADDRESS	100 CLEARBROOK ROAD	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

914-592-4800

Daytime Phone #

CR2E034 (9/99)