

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90132 018 \*\*\*150.00

**DOCUMENT # P96000037181**

1. Entity Name  
**R M S CORPORATION OF PALM BEACH**

Principal Place of Business <b>1316 N. MILITARY TRAIL          WEST PALM BEACH FL 33409          US</b>	Mailing Address <b>1316 N. MILITARY TRAIL          WEST PALM BEACH FL 33409-6017          US</b>
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**A0056251**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1233 C S MILITARY TRAIL</b> Suite, Apt. #, etc.	3. Mailing Address <b>3732 CYPRESS LAKE DR</b> Suite, Apt. #, etc.
City & State <b>WEST PALM BEACH FL</b>	City & State <b>LAKE WORTH FL</b>
Zip <b>33415</b> Country	Zip <b>33467</b> Country

4. FEI Number <b>65-0661502</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SADARANGANI, RAMESH  
 1577 FERNGRAN AVE  
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3732 CYPRESS LAKE DR**  
 City **LAKE WORTH FL** Zip Code **33467**

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 *Ramesh Sadarangani* DATE 4-20-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SADARANGANI, RAMESH</b> <b>3732 CYPRESS LAKE DR</b> <b>LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ramesh Sadarangani* DATE 4-20-00 DAYTIME PHONE # 561-434-1480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR