

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000037181**

1. Entity Name

**R M S CORPORATION OF PALM BEACH****FILED****May 08, 2000 8:00 am**  
**Secretary of State**

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

**A0056251**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1316 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409  
US****1316 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409-6017  
US**

2. Principal Place of Business

3. Mailing Address

**1233 C S MILITARY TRAIL****3732 CYPRESS LAKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**WEST PALM BEACH FL**

City &amp; State

**LAKE WORTH FL**

Zip

Country

Zip

Country

4. FEI Number

**65-0661502**

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

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

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**

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

(NOTE: Registered Agent signature required when reinstating)

**4-20-00**

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

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"/> Delete

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-00**

Date

**561-434-1480**

Daytime Phone #