

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90352 026 \*\*\*150.00

DOCUMENT # P97000051806

1. Entity Name

RALM, CORP.

Principal Place of Business

20283 STATE ROAD 7  
STE 400  
BOCA RATON FL 33498

Mailing Address

20283 STATE ROAD 7  
STE 400  
BOCA RATON FL 33498

2. Principal Place of Business

2255 GLADES ROAD

3. Mailing Address

RALM CORP c/o MITCHEL RUTTNER

Suite, Apt., #, etc.

Suite 420 A

Suite, Apt., #, etc.

11292 Coral Key Drive

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33431

Country

Palm Beach

Zip

33448

Country

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTTNER, MITCHEL  
21218 ST ANDREWS BLVD  
SUITE 520  
BOCA RATON FL 33433

Name

RUTTNER, MITCHEL

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

11292 Coral Key Drive

City

BOCA RATON

FL

Zip Code

33498

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

*Mitchel Ruttner*

Pres.

4/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUTTNER, MITCHEL	
STREET ADDRESS	21218 ST ANDREWS BLVD SUITE 520	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTTNER, MITCHEL	
STREET ADDRESS	11292 Coral Key Drive	
CITY-ST-ZIP	BOCA RATON FLORIDA 33498	
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		
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		

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:

*Mitchel Ruttner*

MITCHEL RUTTNER

4/23/01

561-218-2481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)