

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008291

1. Entity Name

RIMS INTERNATIONAL, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90041 025 \*\*\*158.75

Principal Place of Business

5156 CITY STREET #113  
ORLANDO FL 32839

Mailing Address

5156 CITY STREET #113  
ORLANDO FL 32839-4507

2. Principal Place of Business

1305 NW 129TH WAY

3. Mailing Address

1305 NW 129TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

650902774

Applied For

Not Applicable

Zip

33323

Country

BROWARD

Zip

33323

Country

BROWARD

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

BLACK, WILLIAM R ESQ.  
2691 E. OAKLAND PARK BOULEVARD  
SUITE 102  
FORT LAUDERDALE FL 33306

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 WILLIAM R ESQ. BLACK

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

(NOTE: Registered Agent signature required when reinstating)

3/6/00

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	ROUTHIER, ROBERT T	1305 NW 129TH WAY	SUNRISE FL 33323	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ROUTHIER, RICHARD C	5156 CITY STREET #113	ORLANDO FL 32839	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ROUTHIER, SALLY	1305 NW 129TH WAY	SUNRISE FL 33323	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Richard C. Routhier **RICHARD C. ROUTHIER** 3/6/00 407 816 8025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)