

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/27

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90377 014 \*\*\*150.00

**DOCUMENT # P99000024275**

1. Entity Name  
**RBM SYSTEMS, INC.**

Principal Place of Business  
**650 FALLING WATER ROAD  
WESTON FL 33326**

Mailing Address  
**650 FALLING WATER ROAD  
WESTON FL 33326**

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

**APPLIED FOR**

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

**HERMAN, JEFFREY M ESQ.**  
**1601 NORTH FLAMINGO ROAD**  
**SUITE TWO**  
**PEMBROKE PINES FL 33028-1004**

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 re-registering)

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 **P** ☐ Delete  
NAME **FROST, MIKE**  
STREET ADDRESS **3745 AMALFI DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HERMAN, WILLIAM**  
STREET ADDRESS **650 FALLING WATER ROAD**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **SCOTT, RICHARD**  
STREET ADDRESS **245 SOMERSET WAY**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Daytime Phone #

CR2E034 (10/00)

Attachment

49929

P99 000024275

### FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

TEAR OFF HERE

New Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_

Form 8109-C (Rev. 10-96)

Employer Identification Number (EIN)

OMB No. 1545-0257

65-0914119 262112



RBM SYSTEMS INC  
% WILLIAM HERMAN  
650 FALLING WATER RD  
WESTON FL 33326-3551

07

INTERNAL REVENUE SERVICE CENTER  
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.