

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90036 002 ***150.00

DOCUMENT # K41758

1. Entity Name

READY TRANSFER, INC.

DO NOT WRITE IN THIS SPACE

54034699

2. Principal Place of Business

2885 W. 76 ST. #101

3. Mailing Address

2885 W. 76 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

HIALEAH FL.

City & State

HIALEAH FL.

4. FEI Number

05-0084111

Applied For

Not Applicable

Zip

33016

Country

U.S.A.

Zip

FL 33016

Country

U.S.A.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

PASSAPERA MICHAEL

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

2885 W. 76 ST. #101

City

HIALEAH

FL

Zip Code

33016

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT.
PASSAPERA, MICHAEL
2885 W. 76 ST. #101
HIALEAH FL. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
PASSAPERA DORA
2885 W. 76 ST. #101
HIALEAH FL. 33016

TITLE
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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 on an attachment with an address with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PASSAPERA PRESIDENT

04/05/04

Date

(305) 821-5068

Daytime Phone #

CR2E034B (12/01)