

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020997

1. Entity Name

READY MANUFACTURING, INC.

Principal Place of Business

425 NW AVENUE L
BELLE GLADE FL 33430-1801

Mailing Address

425 NW AVENUE L
BELLE GLADE FL 33430-1801

2. Principal Place of Business

Same As Above

Suite, Apt. #, etc.

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3711896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COVE, ANDREW
COVE & ASSOCIATES, P.A.
3801 HOLLYWOOD BLVD., STE. 100
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Steven Reed Cohen, Esq.

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

Steven Reed Cohen, P.A.

9000 W. Sheridan St., Ste. 162

City

Pembroke Pines

FL

Zip Code

33024

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)

4/24/01

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

TITLE D, P, VP, T, S
NAME SHORT, CYNTHIA R
STREET ADDRESS 425 NW AVENUE L
CITY-ST-ZIP BELLE GLADE FL 33430-1801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 687, 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

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90020 020 ***150.00



DO NOT WRITE IN THIS SPACE

0298044

CR2E034 (10/00)