

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90003 029 ***550.00

DOCUMENT # P00000088299

1. Entity Name

READ RIGHT, INC.

Principal Place of Business

**5385 SW 64 AVE.
 MIAMI FL 33155**

Mailing Address

**5385 SW 64 AVE.
 MIAMI FL 33155**

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

651043179

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

LARKY, JOSEPH

**5385 SW 64 AVE.
 MIAMI FL 33155**

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 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LARKY, JOSEPH**
 CITY-ST-ZIP **5385 SW 64 AVE.
 MIAMI FL 33155**

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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/01 305/613 2377

CR2E034 (5/01)



Jim Zingale
Executive Director

STATE OF FLORIDA
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

OCTOBER 18, 2000

ATTACHMENT
A0084805

DR-15CSH
R. 01/97

READ RIGHT INC
5385 SW 64TH AVE
MIAMI FL 33155-6432

P000000088299

Received from

the amount of

for SALES AND USE TAX

SALES TAX RETURN for the period of 12/00.

Sales & Use Tax number : 23515885

Received By :

OCT
NOV
DEC

FLORIDA DEPARTMENT OF REVENUE

Please detach bottom portion and return with your payment

MI0304

R. 01/97 SALES AND USE TAX FLORIDA DEPARTMENT OF REVENUE DR-15

	1. GROSS SALES	2. EXEMPT SALES	3. TAXABLE AMOUNT	4. TAX COLLECTED
A. Sales				
B. Taxable Purchases	SEE INSTRUCTIONS	SEE INSTRUCTIONS		
C. Services				
D. Transient Rentals				
E. Food/Beverage Vending				

20
21
22
23
24
25
26
27
28
29
30
31
HD

Transient Rental Rate .0600 Surtax Rate .0050
Certificate No. SIC FEI/SSN Period
23-08-515885-48 5963 651043179 12/00

READ RIGHT INC
5385 SW 64TH AVE
MIAMI FL 33155-6432

5. Total amount of tax collected	
6. Less Lawful Deductions (Line 20)	
7. Total tax due	
8. Less est. tax paid/DOR memo	
9. Plus est. tax due current month	
10. Amount due	
11. Less collection allowance	
12. Plus penalty	
13. Plus interest	
14. Amount due with return	

Be sure to sign and date the reverse side

RETURN DUE ON

01/22/01

0004 001200 210700 22010000