

2002 UNIFORM BUSINESS REPORT (UBR)

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 65-1043179

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 LEVY MENAGED
Street Address (P.O. Box Number is Not Acceptable)
5385 SW 64 AVE.
City Miami FL Zip Code 33155

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 LEVY MENAGED
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE 4/26/02

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	LARKY, JOSEPH	
STREET ADDRESS	5385 SW 64 AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BERQUIS MENAGED	
STREET ADDRESS	5385 SW 64 AVE MIAMI	
CITY-ST-ZIP	FL 33155	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	LEVY MENAGED	
STREET ADDRESS	5385 SW 64 AVE. MIAMI	
CITY-ST-ZIP	FL 33155	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	BERQUIS MENAGED	
STREET ADDRESS	5385 SW 64 AVE. MIAMI FL	
CITY-ST-ZIP	33155	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	LEVY MENAGED	
STREET ADDRESS	5385 SW 64 AVE. MIAMI FL	
CITY-ST-ZIP	33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

786-268 0117
305 613-2377

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90116 030 ***150.00

90756

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)