

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 028 ***150.00

DOCUMENT #

P01000110026

1. Entity Name

Ready To Go Marine Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1550 Madruga Avenue

3. Mailing Address

1550 Madruga Avenue

Suite, Apt. #, etc.

Suite 406

Suite, Apt. #, etc.

Suite 406

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

4. FEI Number

65-1157983

Applied For

Not Applicable

Zip

331546

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Paolo G. Ameglio

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

1550 Madruga Avenue

Suite 406

City

Coral Gables

FL

Zip Code
33146

**DO NOT WRITE
IN THIS SPACE**

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)

02/18/2002

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	PD Paolo G. Ameglio 12823 SW 112 Place Miami, Florida 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Sandra Leiva 12823 SW 112 Place Miami, Florida 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 open 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paolo G. Ameglio

02/18/2002

Date

305 3788526

Daytime Phone #

CR2E034B (12/01)