

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039476

1. Entity Name

READY EXPORT AUTO BROKERS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90104 019 ***150.00

Principal Place of Business

14056 SW 139TH CT
MIAMI FL 33186

Mailing Address

14056 SW 139TH CT
MIAMI FL 33186

976632

2. Principal Place of Business

17330 S Dixie Hwy

3. Mailing Address

17330 S Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

Zip

33157

Country

4. FEI Number

65-0416666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, HECTOR
1430 S 98TH AVE
14056 SW 139TH CT.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

HECTOR PEREZ

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

17330 S Dixie Hwy

City

MIAMI

FL

Zip Code

33157

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

2/20/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PEREZ, HECTOR
14056 SW 139TH CT.
MIAMI FL
17330 S Dixie Hwy
Miami FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

2/20/01

CR2E034 (10/00)