

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90479 003 ***150.00

DOCUMENT # P99000036557

1. Entity Name
PRODUCTION READY, INC.

Principal Place of Business Mailing Address
6892 NW 169 STREET **6892 NW 169 STREET**
UNIT E **UNIT E**
MIAMI FL 33015 **MIAMI FL 33015**

00024348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2908 ROYAL PALM AVE**
Suite, Apt. #, etc. **1**

3. Mailing Address **2908 ROYAL PALM AVE #1**
Suite, Apt. #, etc. **1**

City & State **MIAMI BEACH FL**
Zip **33140** Country **USA**

City & State **MIAMI BEACH FLORIDA**
Zip **33140** Country **USA**

4. FEI Number **65-0966899** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARRISON, ROGER
3700 ISLAND DR VILLA 101
WILLIAMS ISLAND
N. MIAMI FL 33160

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable) **2908 ROYAL PALM AVE #1**
City **MIAMI BEACH** FL Zip Code **33140**

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 **Roger J. Harrison** **3-9-01**
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 \$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	PSD	<input type="checkbox"/> Delete
NAME	CARDONA, JESUS	
STREET ADDRESS	2335 PINETREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	0	<input type="checkbox"/> Delete
NAME	HARRISON, ROGER	
STREET ADDRESS	3700 ISLAND DR VILLA 101	
CITY-ST-ZIP	WILLIAMS ISLAND, N. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ROGER	
STREET ADDRESS	2908 ROYAL PALM AVE #1	
CITY-ST-ZIP	MIAMI FLORIDA 33140	
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: **Roger J. Harrison** **3-9-01** **(305) 535-2407**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0038048

CR2E034 (10/00)