

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070337

1. Entity Name

READY DELIVERY SERVICE, INC.

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

05-16-2001 90104 020 ***150.00

Principal Place of Business

4780 S.W. 5TH STREET
MIAMI FL 33134

Mailing Address

4780 S.W. 5TH STREET
MIAMI FL 33134

2. Principal Place of Business

812 SE 9 CT

Suite, Apt. #, etc.

3. Mailing Address

812 SE 9 CT

Suite, Apt. #, etc.

City & State

HALEAH FL

Zip

33010

Country

City & State

HALEAH FL

Zip

33010

Country

4. FEI Number

65-0943598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANZANO, ROLANDO
4780 S.W. 5TH STREET
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

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

812 SE 9 CT

City

HALEAH

FL

Zip Code

33010

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 \$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
PSD
MANZANO, ROLANDO
4780 S.W. 5TH STREET
MIAMI FL 33134
812 SE 9 CT
HALEAH, FL

☐ 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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☐ 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 #

CR2E034 (10/00)