

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90213 026 \*\*\*158.75

**DOCUMENT # P99000000820**

1. Entity Name  
**R.R. EASY ACCOUNTING AND FINANCIAL SERVICES, INC**

Principal Place of Business  
**9545 CORAL WAY-APT. #B-122**  
**MIAMI FL 33165**

Mailing Address  
**PO BOX #651598**  
**MIAMI FL 33265-1598**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9440 Fontainebleau Blvd**  
 Suite, Apt. #, etc.  
**#115**

3. Mailing Address  
**P.O. Box #651598**  
 Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-0911653**

Applied For  
 Not Applicable

Zip Country Zip Country  
**33172 U.S.A. 33265-1598 U.S.A.**

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

6. Name and Address of Current Registered Agent  
**ROBLES, CARLOS SR.**  
**9545 CORAL WAY-APT. #B-122**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent  
 Name  
**Robles Carlos Sr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9440 Fontainebleau Blvd.**  
**Suite # 115**  
 City **Miami** **FL** Zip Code **33172**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBLES, CARLOS SR.</b>	NAME	<b>Robles, Carlos Sr.</b>
STREET ADDRESS	<b>9545 CORAL WAY-APT. #B-122</b>	STREET ADDRESS	<b>9440 Fontainebleau Blvd. Suite # 115</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	CITY-ST-ZIP	<b>Miami, Fl 33172</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBLES, CARLOS JR.</b>	NAME	
STREET ADDRESS	<b>11241 S.W. 33 CIR. PL.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Carlos Robles* Date: 4-11-02 Daytime Phone #: 305-226-6977

CR2E0349/014