

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044297

1. Entity Name

THE EASY WAY PUBLISHING INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90043 039 ***150.00

Principal Place of Business

7779 GRANDE ST.
SUNRISE FL 33351

Mailing Address

7779 GRANDE ST.
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDERON, OSCAR
4324 OLD DOMINION RD.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name Josefina Calderon

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

7779 grande st

City Sunrise

FL

Zip Code 33351

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

Josefina Calderon

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/01

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	P	<input type="checkbox"/> Delete
NAME	CALDERON, JOSEFINA	
STREET ADDRESS	7779 GRANDE ST.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARIA E	
STREET ADDRESS	7779 GRANDE ST.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDERON, ALTAGRACIA	
STREET ADDRESS	4324 OLD DOMINION RD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIGLIORE, MARCEL	
STREET ADDRESS	9872 NOB HILL LN.	
CITY-ST-ZIP	SUNRISE FL 33351	
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 checked="" type="checkbox"/> Addition
NAME	Elias Lopez	
STREET ADDRESS	5578 Curry Ford Rd Apt D-4	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mildred Lopez	
STREET ADDRESS	5578 Curry Ford Rd Apt D-4	
CITY-ST-ZIP	Orlando, FL 32822	
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:

Josefina Calderon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

Daytime Phone #

CR2E034 (10/00)