DOCUMENT # P0000051656

1. Entity Name

EASY STREET MORTGAGE, INC.

FILED								
Apr 23, 2001 8:00 am								
Secretary of State								

04-23-2001 90238 001 ***150.00

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Principal Place of Business Mailing Address								
2500 N. UNIVERSITY SUNRISE FL 33322	UNIVERSITY DRIVE. SUITE #15 2500 N. UNIVERSITY DRIVE, SUITE #15 SUNRISE FL 33322			Ald the Garage Con				
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2. Principal Place of	of Business	3. Mailing Address						
8921 W. ATLANTIC Blue 8921 W. ATLANTIC				CvIB			iter eride err der	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
	prings fl	Coral Springs FC			4. FEI Number Applied For Not Applicable			
33071	Browers	33011	B Co W	P-70	5. Certificate of Status Desired	Fee Re	Additional equired	
6.	Name and Address of Current F	Registered Agent	Nan		7. Name and Address of New	Registered Agent	=	
STOTT R	ORERT S		INGII			· · · · · · · · · · · · · · · · · · ·		
STOTT, ROBERT S 2500 N. UNIVERSITY DRIVE, SUITE #15				Street Address (P.O. Box Number is Not Acceptable)				
SUNRISE	•				7-1			
		•	20	_ ```	<u> </u>			
			City	ral	Spring FL	FL 3	300e71	
8. The above name	ed entity submits this statement for	the purpose of changing its	registered offic	e or register	ed agent, or both, in the State of I	Florida.	Ĺ	
			1			4/16/	01	
SIGNATURE	ure, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent s	ionature required	when reinstating)	DATE	<u> </u>	
								
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 F					10. Election Campaign F	· · ·	55.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee Make Check Payable to C					Trust Fund Contribut	tion. Ll #	Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 11	
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CITY-ST-ZIP	that the information are the first of	his Olim along the control of	CITY-ST-ZIP	1		16.0		
13. I hereby certify that the information supplied with this filing does not quality 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.								
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SIGNATUR	E:	Kuber 5 57	011	///	6/Q	954-346	- 7700	