

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90021 003 ***150.00

02/4725

DOCUMENT # P00000060230

1. Entity Name

EASY OFFICE FURNITURE CORPORATION

Principal Place of Business

**4389 LAUREL RIDGE CIRCLE
 WESTON FL 33331**

Mailing Address

**4389 LAUREL RIDGE CIRCLE
 WESTON FL 33331**

2. Principal Place of Business

8201 Peters Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

4. FEI Number

65-1038 362

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GERSTEIN, WILLIAM ESQ
 1300 NORTH FEDERAL HIGHWAY SUITE 203
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **PSTD** ☒ Delete
 NAME **OCAMPO, ANA MARIA T**
 STREET ADDRESS **2255 GLADES ROAD SUITE 324A, PMB 1055**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Tascon, Ana Maria**
 STREET ADDRESS **4381 Laurel Ridge Cir.**
 CITY-ST-ZIP **Weston, FL 33331**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Maria Tascon Ocampo, Pres. 3-16-2001 954-916-2661

Date

Daytime Phone #

CR2E034 (10/00)