2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90163 008 ***150.00

DOCUMENT # P00000060230

1. Entity Name
EASY OFFICE FURNITURE CORPORATION

Principal Place of Business	Mailing Address
8201 PETERS ROAD SUITE 1000 PLANTATION FL FL 33324 US	4389 LAUREL RIDGE CIRCLE WESTON FL 33331

2. Principal Place of Business	3. Mailing Address
3443 NW 107 St.	4389 Laurel Ridge Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Weston, FL
Zip 33167 Country U.S.A.	Zip 33331 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1038362 ☐ Applied For ☐ Not Applicable

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 Gerstein, Willian Esq.
Street Address (P.O. Box Number is Not Acceptable)
700 South Federal Highway - Suite 200
City Boca Raton FL Zip Code 33432

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. (See criteria on back) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST TASCON, ANA MARIA 4381 LAUREL RIDGE CIRCLE WESTON FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] - Ana Maria Tascon April 24/02 954 6732504.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #