

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90310 031 ***550.00

DOCUMENT # P01006067541

1. Entity Name

Talk Easy, Inc.

DO NOT WRITE IN THIS SPACE

118810

2. Principal Place of Business

16900 North Bay Road

Suite, Apt. #, etc.

Apt. 1814

City & State

Sunny Isles, FL

Zip

33160

Country

USA

3. Mailing Address

16900 North Bay Road

Suite, Apt. #, etc.

Apt. 1814

City & State

Sunny Isles, FL

Zip

33160

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1070894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Finer

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

16900 North Bay Road

Apt. 1814

City

Sunny Isles,

FL

Zip Code

33160

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25

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	<u>P/T/S/D.</u>
NAME	<u>David Finer</u>
STREET ADDRESS	<u>16900 North Bay Road, Apt. 1814</u>
CITY - ST - ZIP	<u>Sunny Isles, FL 33160</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02
Date

305-945-6699
Daytime Phone

CR2E034B (12/01)