

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009518
 1. Entity Name
EZ REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1450 W 68TH ST</u>		3. Mailing Address <u>1450 W 68TH ST</u>	
Suite, Apt. #, etc. <u>SUITE B</u>		Suite, Apt. #, etc. <u>SUITE B</u>	
City & State <u>HALEAH, FL</u>		City & State <u>HALEAH, FL</u>	
Zip <u>33014</u>	Country <u>USA</u>	Zip <u>33014</u>	Country <u>USA</u>

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4. FEI Number <u>65-115722</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name MAURICIO LACAYO

Street Address (P.O. Box Number is Not Acceptable)
1450 W 68TH STREET, SUITE B

City HALEAH FL Zip Code 33014

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 MAURICIO LACAYO *[Signature]* 5/01/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituted.) DATE

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>PRESIDENT</u>	NAME <u>MAURICIO LACAYO</u>	STREET ADDRESS <u>1450 W 68 ST, SUITE B</u>	CITY - ST - ZIP <u>HALEAH, FL 33014</u>
TITLE <u>VICE-PRESIDENT</u>	NAME <u>MAURICIO LACAYO</u>	STREET ADDRESS <u>1450 W 68 ST, SUITE B</u>	CITY - ST - ZIP <u>HALEAH, FL 33014</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICIO LACAYO *[Signature]* 5/01/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/01)