

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91193 017 \*\*\*158.75

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

DOCUMENT # P01000016399

1. Entity Name

EZ MORTGAGE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1450 W 68TH STREET

Suite, Apt. #, etc.

SUITE B

City & State

HAIALEAH, FL

Zip

33014

Country

USA

3. Mailing Address

1450 W 68TH STREET

Suite, Apt. #, etc.

SUITE B

City & State

HAIALEAH, FL

Zip

33014

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1077640

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

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

HAIALEAH

FL

Zip Code

33014

**DO NOT WRITE  
IN THIS SPACE**

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*

MAURICIO LACAYO

5/01/02

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

(NOTE: Registered Agent signature required when reappointing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
MAURICIO LACAYO  
1450 W 68 ST, SUITE B  
HAIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE-PRESIDENT  
MAURICIO LACAYO  
1450 W 68 ST, SUITE B  
HAIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(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*

MAURICIO LACAYO

5/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)