

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 90560 015 ***163.75

DOCUMENT # P01000066146

1. Entity Name
EASY REALTY GROUP INC.

Principal Place of Business
**572 CASCADE FALLS DR
 WESTON FL 33327**

Mailing Address
**572 CASCADE FALLS DR
 WESTON FL 33327**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**900 W. 49 STREET
 Suite, Apt. #, etc.
 Suite #550**

3. Mailing Address
**572 CASCADE FALLS DR.
 Suite, Apt. #, etc.**

City & State
MIAMI FL.

City & State
WESTON FL.

4. FEI Number
05-1118108

Applied For
 Not Applicable

Zip
33012 Country
DAC

Zip
33327 Country
DROWARD

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

6. Name and Address of Current Registered Agent

**MONREAL, TERESITA
 572 CASCADE FALLS DR
 WESTON FL 33327**

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, 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

TITLE
 NAME **PD** ☐ Delete
 STREET ADDRESS **MONREAL, TERESITA**
 CITY-ST-ZIP **572 CASCADE FALLS DR
 WESTON FL 33327**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/29/02 (305) 219-2535
 Date Daytime Phone #

CR2E034 (9/01)