

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90055 002 ***150.00

DOCUMENT # P01000066981

1. Entity Name

EASY CAPITAL & DEVELOPMENT GROUP, INC.

Principal Place of Business

**645 NORTH SHORE DR
 MIAMI BCH FL 33141**

Mailing Address

**645 NORTH SHORE DR
 MIAMI BCH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13899 BISCAYNE BLVD

3. Mailing Address

13899 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1116710

Applied For

Not Applicable

Zip

33181

Country

DADE USA

Zip

33181

Country

DADE USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERALTA, JUAN

**645 NORTH SHORE DR
 MIAMI BCH FL 33141**

7. Name and Address of New Registered Agent

Name

JUAN PERALTA

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

13899 BISCAYNE BLVD

SUITE 130

City

MIAMI

FL

Zip Code

33181

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

1/8/02

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	P	<input type="checkbox"/> Delete
NAME	PERALTA, JUAN	
STREET ADDRESS	645 NORTH SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERALTA, JUAN	
STREET ADDRESS	13899 BISCAYNE BLVD SUITE 130	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	V/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORNE WRAY	
STREET ADDRESS	13899 BISCAYNE BLVD SUITE 130	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 305 702 6311

Date

Daytime Phone #

CR2E034 (9/01)