

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9386/09  
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DOCUMENT # P01000077693

1. Entity Name  
EASYSAM INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 19 AM 8:26

REINSTATEMENT 03

Principal Place of Business  
2525 N SR 7 STE 115  
HOLLYWOOD FL 33021

Mailing Address  
2525 N SR 7 STE 115  
HOLLYWOOD FL 33021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST, FL

4. FEI Number

65-1129066

Applied For

Not Applicable

Zip

Country

Zip

Country

33045

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELFASI, YONATHAN  
2525 N SR 7 STE 115  
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

800025635698  
12/19/03--01044--002 \*\*150.00

FILE NOW!! FEE IS \$150.00--

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing--  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ELFASI, YONATHAN  
STREET ADDRESS 2525 N SR 7 STE 115  
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

12-16-03

CR2E034 (10/02)

EASYSAM INC  
P.O BOX 2646  
KEY WEST, FL 33045

December 17, 2003 ..

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Easysam Inc

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003.

Thank you very much for you help and understanding.

Sincerely,

Yonathan Elfasi