

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107795

1. Entity Name
EASY SERVICE INFORMATION CORP.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 034 ***150.00

Principal Place of Business
9996 NOB HILL LAKE
SUNRISE FL 33351

Mailing Address
7105 SW 8 ST
103
MIAMI FL 33144

2. Principal Place of Business

11772 S.W 19 ST

Suite, Apt. #, etc.

3. Mailing Address

7105 SW 8 ST

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIAMI FL

Zip

33025

Country

Zip

33144

Country

4. FEI Number

22-3851022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, FRANCISCO M
9996 NOB HILL LAKES
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

11772 S.W 19 ST

City

MIRAMAR

FL

Zip Code

33025

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

FRANCISCO ROJAS

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

(NOTE: Registered Agent signature required when reinstating)

4/10/03

Date

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRANCISCO, ROJAS
STREET ADDRESS 9996 NOB HILL LAKES
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE VD
NAME NAVARRO, MARIA A
STREET ADDRESS 9996 NOB HILL LAKES
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 11772 S.W 19 ST
CITY-ST-ZIP MIRAMAR FL 33025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)