

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90127 028 ***150.00

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DOCUMENT # P02000124659

1. Entity Name
EZ2RENT.COM, CO



Principal Place of Business
4550 NW 9TH ST #208
MIAMI FL 33126

Mailing Address
4550 NW 9TH ST #208
MIAMI FL 33126



2. Principal Place of Business
1101 Brickell Avenue
Suite, Apt. #, etc.
702-S
City & State
Miami, FL
Zip
33131 Country
USA

3. Mailing Address
P.O. Box 526406
1101 Brickell Avenue
Suite, Apt. #, etc.
702-S
City & State
Miami, FL
Zip
33132 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number
01-075-6925 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BETHLEN, OTTO
4550 NW 9TH ST #208
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name - *JOSE CANCIO*
Street Address (P.O. Box Number is Not Acceptable)
799 CANON BLVD # 308
City *Key Biscayne* FL Zip Code *33149*

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]*
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BETHLEN, OTTO	4550 NW 9TH ST #208	MIAMI FL 33126	<input type="checkbox"/>
	Chief Financial Officer <i>Secretary</i>	<i>Jose F. Cancio</i>	<i>799 Canon Blvd. # 308</i>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** Date *01/08/2003* Daytime Phone #

CR2E034 (10/02)