

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

02/11/03 AV

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

3. Mailing Address

1101 Brickell Avenue P.O. Box 526406

Suite, Apt. #, etc.

702-S

Suite, Apt. #, etc.

702-S

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33132

Country

USA

4. FEI Number

01-075-6925

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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 Canadian 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]

(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 **P** ☐ Delete
NAME **BETHLEN, OTTO**
STREET ADDRESS **4550 NW 9TH ST #208**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **Chief Financial Officer** ☐ Delete
NAME **Jorge F. Cancio** **Secretary**
STREET ADDRESS **799 Canadian Blvd. # 308**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

01/08/2003

Date

Daytime Phone #

CR2E034 (10/02)