

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031377

1. Entity Name

EASY BUSINESS SYSTEMS II, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90011 021 ***150.00

Principal Place of Business

Mailing Address

2500 NW 79TH AVENUE
MIAMI FL 33122

2500 NW 79TH AVENUE
MIAMI FL 33122-1071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2216193

Applied For

Not Applicable

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

~~GONE, PERRY+~~
2500 NW 79TH AVENUE
MIAMI FL 33122

Name *Linda G. McLoughlin*

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 6, 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ~~GONE, PERRY+~~ *Linda G. McLoughlin*
STREET ADDRESS 2500 NW 79 AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☒ Addition
NAME *DIRECTOR, VICE PRESIDENT*
STREET ADDRESS *ASSISTANT SECRETARY*
CITY-ST-ZIP *JOHN M. SOTO*
2500 NW 79 AVENUE
MIAMI FL 33122

TITLE ☐ Delete
NAME DC
STREET ADDRESS ALVAREZ, JOSE M.
CITY-ST-ZIP 2500 NW 79 AVE.
MIAMI FL

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

TITLE ☐ Delete
NAME P
STREET ADDRESS PALMERO, MIGUEL
CITY-ST-ZIP 2500 NW 79 AVE.
MIAMI FL 33122

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

TITLE ☐ Delete
NAME DVT
STREET ADDRESS TORGAS, ED S.
CITY-ST-ZIP 2500 NW 79 AVE.
MIAMI FL

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

TITLE ☒ Delete
NAME ~~BY~~
STREET ADDRESS FERNANDEZ, SERGIO
CITY-ST-ZIP 2500 NW 79 AVE.
MIAMI FL

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-00

Date

Daytime Phone #

CR2E034 (9/99)