

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043000

1. Entity Name

EASYSOFT INTERNATIONAL, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90107 003 ***150.00

Principal Place of Business

2100 W. 76TH STREET
STE. 404
HIALEAH FL 33016
US

Mailing Address

2100 W. 76TH STREET
STE. 404
HIALEAH FL 33016-5504
US

2. Principal Place of Business

2100 W. 76th St.

3. Mailing Address

17800 N. Bay Rd. #906

Suite, Apt. #, etc.

STE 406

Suite, Apt. #, etc.

STE 906

City & State

Hialeah, FL

City & State

Sunny Isles, FL

Zip

33016

Country

US

Zip

33160

Country

US

6. Name and Address of Current Registered Agent

SUN, WEI
17800 N BAY RD
STE 906
N MIAMI BCH FL 33160

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0595221

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTSD
NAME SUN WEI
STREET ADDRESS 17800 N BAY RD, #906
CITY-ST-ZIP N MIAMI BEACH FL 33160

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] CEO, Chairman, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

Date

305-804-5823

Daytime Phone #

CR2E034 (9/99)