

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90058 044 \*\*\*150.00

DOCUMENT # **P97000027868**

1. Entity Name

**EASY MORTGAGE LENDING, INC.** ✓

Principal Place of Business

**801 W. 49<sup>th</sup> STREET  
HIALEAH, FL. 33012**

Mailing Address

**7509 BOUNTY AVENUE  
N. BAY VILLAGE, FL. 33141**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0742992**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**770760**

6. Name and Address of Current Registered Agent

**BEHAR, MARIA, ESQ.**

7. Name and Address of New Registered Agent

Name

**MARIA BEHAR, ESQ.**

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

**7509 BOUNTY AVENUE****N. BAY VILLAGE**

City

**FL**

Zip Code

**33141**

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

**5/1/01**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, 2001 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

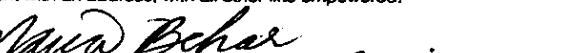
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PDS</b>			
	<b>BEHAR, MARIA</b>	<b>7509 BOUNTY AVENUE</b>	<b>N. BAY VILLAGE, FL. 33141</b>	
	<b>VTJ</b>			
	<b>BEHAR-MAYER, ROBERT</b>	<b>5750 COLLINS AVENUE, # 4-H</b>	<b>MIAMI BEACH, FL. 33140</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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

  
**MARIA BEHAR, PRESIDENT****5/1/01****(305) 362-5297**  
**DAYTIME PHONE**

CR2E034 (11/00)