

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053670

Entity Name
EASY GROUP INTERNATIONAL INC

FILED

00 NOV -6 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 7225 NW 25 ST Suite Apt # etc 319 City & State MIAMI FL Zip 33122 Country USA	3. Mailing Address 7225 NW 25 ST Suite Apt # etc 319 City & State MIAMI FL Zip 33122 Country USA
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4. FEI Number 65-0761268	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NILDON PEREIRA
1180 RIVER BIRCH ST
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name
Street Address (PO Box Number is Not Acceptable)
City
FL Zip Code

8. The above information is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* DATE: *[Date]*

9. This corporation is eligible to qualify its franchise
Tax filing requirements are met ☐ ☐

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 (11)		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
P/D PEREIRA, NILDON 1180 RIVER BIRCH ST HOLLYWOOD FL 33019					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or person 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.

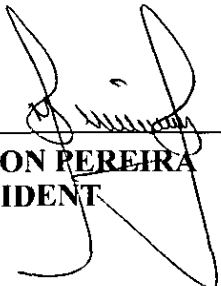
SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **EASY GROUP INTERNATIONAL, INC.** Thank you for your courtesy in this matter.



NILDON PEREIRA
PRESIDENT