

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106255

1. Entity Name
EASY CONSULTING, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90310 028 ***150.00

Principal Place of Business
**20810 NORTHEAST 8TH COURT, SUITE 102
NORTH MIAMI BEACH FL 33179**

Mailing Address
**20810 NORTHEAST 8TH COURT, SUITE 102
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0804252**

Applied For
Not Applicable

Zip Country Zip Country

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

**BLAIR, HORTENSIA
20810 NORTHEAST 8TH COURT, SUITE 102
NORTH MIAMI BEACH FL 33179**

Name **Richard Early**
Street Address (P.O. Box Number is Not Acceptable) **20810 NE 8th Ct #102**
City **N Miami Beach** **FL** Zip Code **33179**

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 *(Hortensia Blair)* *Richard Early* **4/17/01**
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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BLAIR, HORTENSIA**
STREET ADDRESS **20810 NORTHEAST 8TH COURT, SUITE 102**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Richard Early**
STREET ADDRESS **20810 NE 8th Ct #102**
CITY-ST-ZIP **North Miami Beach FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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)(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 an other like empowered.

SIGNATURE *(Hortensia Blair)* **4/17/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)