

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90005 032 \*\*\*150.00

**DOCUMENT # P98000037143**

1. Entity Name

**EASY FINANCING MORTGAGE, CORP.**

Principal Place of Business

Mailing Address

13255 SW 137 AVE  
 217  
 FL 33186

13255 SW 137 AVE  
 209-217  
 MIAMI FL 33186-5328

2. Principal Place of Business

13255 SW 137 AVE

Suite, Apt. #, etc.

217

City & State  
 MIAMI, FL

Zip  
 33186 Country  
 USA

3. Mailing Address

13255 SW 137 AVE

Suite, Apt. #, etc.

217

City & State  
 MIAMI, FL

Zip  
 33186 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0830300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PINERO, JUAN A  
 14493 SW 127TH CT  
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

JUAN A. PINERO

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

15146 SW 172 TERRACE

City

MIAMI

FL

Zip Code

33187

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.

JUAN A. PINERO / PRESIDENT

DATE

04/26/00

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

P  
 PINERO, JUAN A  
 13255 SW 137 AVE STE-209-217  
 MIAMI FL 33186 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00 (305) 969-1600  
 Date Daytime Phone #

CR2E034 (9/99)