

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094193

1. Entity Name

EASY MORTGAGE, CORPORATION

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90146 045 \*\*\*150.00

Principal Place of Business

11898 S.W. 75TH STREET  
MIAMI FL 33183

Mailing Address

11898 S.W. 75TH STREET  
MIAMI FL 33183

2. Principal Place of Business

11410 N. KENDALL DRIVE

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI FL

Zip

33176

Country

US

3. Mailing Address

11410 N KENDALL DRIVE

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI FL

Zip

33176

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIETO, ANTONIO

11898 SW 75TH STREET  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

NIETO, ANTONIO

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

11410 N KENDALL DRIVE

City

MIAMI

Zip Code

33176

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

X

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NIETO, CLAUDIO ANTONI	
STREET ADDRESS	11898 S.W. 75TH STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIETO, ANTONIO	
STREET ADDRESS	11898 SW 75 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO CLAUDIO	
STREET ADDRESS	11410 N KENDALL DRIVE	
CITY-ST-ZIP	SUITE 104 MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO ANTONIO	
STREET ADDRESS	11410 N KENDALL DRIVE	
CITY-ST-ZIP	SUITE 104 MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)