2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State P99000000820 DOCUMENT # R.R. EASY ACCOUNTING AND FINANCIAL SERVICES, INC 04-30-2002 90213 026 ***158.75 Mailing Address Principal Place of Business PO BOX #651598 9545 CORAL WAY-APT. #B-122 MAIMI FL 33265-1598 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business 9440 Fontainebleau Blvd P.O.Box #651598 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #115 Applied For 4. FEI Number City & State 65-0911653 City & State Not Applicable Miami, Florida <u> Miami, Florida</u> \$8.75 Additional 5. Certificate of Status Desired Zip Fee Required ---- -33265=1598 =U:S:A: <u> 33172 </u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robles Carlos Sr. Street Address (P.O. Box Number is Not Acceptable) ROBLES, CARLOS SR 9545 CORAL WAY-APT. #B-122 9440 Fontainebleau Blvd MIAMI FL 33165 Zip Code 3' **317** nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nar d entity su SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or pri of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete ROBLES, CARLOS SR. NAME Robles, Carlos Sr. NAME STREET ADDRESS 9545 CORAL WAY-APT. #B-122 __ STREET ADDRESS 9440 Fontainebleau Blvd.Suite#115 CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP Miami, Fl 33172 Change ☐ Delete TITLE TITLE NAME ROBLES, CARLOS JR. NAME STREET ADDRESS 11241 S.W. 33 CIR. PL. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165. CITY_ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental leport 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 attachmen with an address, with all other like empowered.