

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021646

1. Entity Name

EASY TITLE SERVICES CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90145 007 ***150.00

Principal Place of Business

Mailing Address

900 W 49 st. # 200
Hialeah FL 33012

256 NW 42 ave
Miami FL 33126

2. Principal Place of Business

900w 49 st.

3. Mailing Address

256 NW 42 ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

suite 200

City & State

City & State

Hialeah FL

Miami FL

Zip

Country

Zip

Country

33012

33126

4. FEI Number

65-0900841

Applied For

Not Applicable

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

Name

Pena, Pedro E

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

900 W 49 st. # 200

City

Hialeah.

FL

Zip Code
33012

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|-------------------|---|--|---|
| ADDRESS ST-ZIP | Pena, Pedro E 4410 W 16 ave # 5-235 Hialeah FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pena, Pedro E 900 W 49 st. # 200 Hialeah FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| ADDRESS ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date

Daytime Phone #

04-26-2000

CR2E034 (9/99)