1/32

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC 10 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104671

1. Entity Name
FAST BAGS, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-13 MRS
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
6156 NW 74 AVE Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.	65-1055209	☐ Applied For ☐ Not Applicable
City & State MIAMI, FLORIDA	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 33166 Country	Zip Country		

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7. Name and Address of Current Registered Agent

Name
RAFAEL MONTEAVARO

Street Address (P.O. Box Number is Not Acceptable)
6156 NW 74 AVE

City FL Zip Code
MIAMI 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 12-03-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAFAEL MONTEAVARO 13488 SW 13 TERRACE MIAMI, FL 33184
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800025723548
12/29/03--01025--005 **300.00

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12-03-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 300.00 for the annual report fee with my application.

Please be advise that on December 2001 we moved to 6156 NW 74 AVE-MIAMI, FL 33166 and we did not receive the U.B.R. for the year 2002 & 2003 or any other notice from the Division of Corporations in respect with the Corporation **FAST BAGS, INC**

Thank you for your courtesy in this matter.

X _____
RAFAEL MONTEAVARO
PRESIDENT