

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 033 \*\*\*150.00

DOCUMENT # **P01000013434** ✓

1. Entity Name  
**FAST WAY Business Center, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4848 N.W. 24th Ct**

Suite, Apt. #, etc.  
**Apt 321**

City & State  
**Lauderdale Lakes, FL**

Zip  
**33313**

Country  
**Broward**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FPI Number  
**75-2998459**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name **ESAIe Prophete**

Street Address (P.O. Box Number is Not Acceptable)  
**4848 N.W. 24th Ct Apt 321**

City **Lauderdale LAKes FL**

Zip **33313**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.

SIGNATURE *[Signature]*  
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing (First Fund Contribution)  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **Betty Pierre**  
STREET ADDRESS **4848 N.W. 24th Ct #321**  
CITY-STATE-ZIP **Lauderdale Lakes, FL 33313**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **V.P. / D**  
NAME **ESAIe Prophete**  
STREET ADDRESS **4848 N.W. 24th Ct #321**  
CITY-STATE-ZIP **Lauderdale LAKes, FL 33313**

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13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee or trustee representative to execute the report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or in an attachment with an address with all other blocks completed.

SIGNATURE: *[Signature]* **V.P.**  
DATE **4-23-02**  
Filing Fee **(954) 709-7850**

CR2E034B (12/01)