2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # 332175** 1. Entity Name FAST INDUSTRIES, INC. 05-02-2001 90187 029 ***150.00 Principal Place of Business Mailing Address 1850 SPECTRUM BLVD. 1850 SPECTRUM BLVD. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 Andrew Grant Park St. 1. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1218699 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAST, JACOB Street Address (P.O. Box Number is Not Acceptable) 51 COMPASS LANE FT.LAUDERDALE FL 33308 Zip Code 3. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE FAST, JACOB NAME NAME STREET ADDRESS STREET ADDRESS 51 COMPASS LANE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Change STD ☐ Addition TITLE ☐ Delete TITLE NAME FAST, ANN NAME STREET ADDRESS STREET ADDRESS 51 COMPASS LANE CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1 . 7 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: