

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90004 014 ***150.00

DOCUMENT # F01000004175

1. Entity Name

FPS FAST PRINTING SOLUTIONS, INC.

Principal Place of Business

11237 NW 59 TERRACE
 MIAMI FL 33178

Mailing Address

11237 NW 59 TERRACE
 MIAMI FL 33178

2. Principal Place of Business

150 S.E. 2nd AVE

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FL.

Zip

33131

Country

U.S.A.

3. Mailing Address

11237 NW 59th TER.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33178

Country

U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NANDWANI, LAVINA
11237 NW 59 TERRACE
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

LAVINA NANDWANI

7/09/02.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **NANDWANI, LAVINA**
 STREET ADDRESS **11237 NW 59 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VTD** ☐ Delete
 NAME **NANDWANI, BINA R**
 STREET ADDRESS **11237 NW 59 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete
 NAME **NANDWANI, RAM C**
 STREET ADDRESS **11237 NW 59 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **SD**
CARRILLO, CHARLIE
 STREET ADDRESS **11237 NW 59th TERRACE**
 CITY-ST-ZIP **MIAMI, FL. 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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] **LAVINA NANDWANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/09/02.

Date

(805) 373-3030

Daytime Phone #

CR2E034 (4/02)