

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F27328**

1. Entity Name

FAST WINGS CORPORATION**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90038 050 ***150.00

Principal Place of Business

Mailing Address

8567 CORAL WAY

8567 CORAL WAY

STE #289

STE #289

MIAMI FL 33155

MIAMI FL 33155

US

US

2. Principal Place of Business

5161 Collins Ave

3. Mailing Address

P.O. Box 403564

Suite, Apt. #, etc.

Apt 810

Suite, Apt. #, etc.

City & State
Miami Beach - FLCity & State
Miami Beach - FLZip
33140Country
USAZip
33140-1564Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2073178

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

ROUCO, DANIA
2895 BISCAYNE BLVD #482
MIAMI FL 33137

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.

SIGNATURE

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NARNESI, HORACIO A.	
STREET ADDRESS	8306 MILLS DR., STE. 301	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	UJAQUE, GRACIELA S.	
STREET ADDRESS	8306 MILLS DR., STE. 301	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARNESI, HORACIO A.	
STREET ADDRESS	5161 Collins Ave - Apt 810	
CITY-ST-ZIP	Miami Beach - FL 33140	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UJAQUE, GRACIELA S.	
STREET ADDRESS	5161 Collins Ave - Apt 810	
CITY-ST-ZIP	Miami Beach - FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Horacio Narnesi

2-27-01

305-331-8812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)