## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **K88841** FAST REMODELING CORPORATION 4-25-2001 90108 028 \*\*\*150.00 Principal Place of Business Mailing Address C/O BIENVENIDO C. DIAZ C/O BIENVENIDO C. DIAZ 220 N.W. 57TH COURT 220 N.W. 57TH COURT 956523 MIAMI FL 33126 MIAM! FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0117776 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 DIAZ, BIENVENIDO C. Street Address (P.O. Box Number is Not Acceptable) 220 N.W. 57TH COURT MIAMI FL 33126 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD TITLE ☐ Delete TITEF Addition DIAZ, BIENVENIDO C. NAME 220 N.W. 57TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL SD TITLE ☐ Delete Change ☐ Addition DIAZ, CARMEN A. NAME 220 N.W. 57TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change TITLE ☐ Delete TITLE Addition DIAZ, FRANCISCO C NAME 220 NW 57TH COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33126 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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. BIENUENIDO C. DIAZ 2-8-01

IGNING OFFICER OR DIRECTOR

Date

Daytime Phone #