## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am & Secretary of State DOCUMENT # K88841 1. Entity Name 03-28-2002 90168 046 \*\*\*150.00 FAST REMODELING CORPORATION 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 MIAMI FL 33126 MIAMI 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 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 Nāme DIAZ. BIENVENIDO C. Street Address (P.O. Box Number is Not Acceptable) 220 N.W. 57TH COURT **MIAMI FL 33126** 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Delete ☐ Addition DIAZ, BIENVENIDO C. NAME NAME 220 N.W. 57TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP SD TITLE Delete TITLE Addition ☐ Change DIAZ, CARMEN A. NAME NAME STREET ADDRESS 220 N.W. 57TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition DIAZ, FRANCISCO C --NAME NAME STREET ADDRESS 220 NW 57TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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.