

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90014 039 \*\*\*\*50.00

**DOCUMENT # L00000016166**

1. Entity Name

**FAST PARK, L.L.C.**

Principal Place of Business

**1215 N. VENETIAN WAY  
 MIAMI BEACH FL 33139**

Mailing Address

~~1215 N. VENETIAN WAY  
 MIAMI BEACH FL 33139~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**910 PATCHER CANAL & BONDY, P.A.  
 12340 NE 6th COURT  
 NORTH MIAMI, FL  
 33161  
 USA**

4. FEI Number

**65-1087144**

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRINZMAN, ALAN E  
 ROLLNICK & UMDEN  
 133 SEVILLA AVE.  
 CORAL GABLES FL 33134**

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/15/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM  
 NAME DOWNTOWN MIAMI MANAGEMENT GROUP, INC.  
 STREET ADDRESS 1215 N. VENETIAN WAY  
 CITY-ST-ZIP MIAMI BEACH FL 33139**

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5/28/02 355 984 4747**

CR2E083 (9/01)