

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90359 006 \*\*\*\*\*55.00

**DOCUMENT # L01000001471**

1. Entity Name

**FAST FORWARD SOLUTIONS, LLC**

Principal Place of Business

**1321 ARBOR VISTA LOOP #125  
 LAKE MARY FL 32746**

Mailing Address

**1321 ARBOR VISTA LOOP #125  
 LAKE MARY FL 32746**

2. Principal Place of Business

**~~7611~~ 520 PLANTATION  
 Suite, Apt. #, etc.  
 TRACE DRIVE**

3. Mailing Address

**7611 South ORANGE  
 Suite, Apt. #, etc.  
 BLOSSOM TRAIL #320**

City & State

**ATLANTA DULUTH**

City & State

**ORLANDO**

4. FEI Number

**59-369-6519**

Applied For

Not Applicable

Zip

**30096**

Country

**USA**

Zip

**FL 32809**

Country

**USA**

5. Certificate of Status Desired

☒ **\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VALDES MARTIN, MIRTHA  
 1321 ARBOR VISTA LOOP #125  
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name **MUKUL AGARWAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7611, South ORANGE Blossom Trail  
 #320, ORLANDO FL 32809**  
 City **FL** Zip Code **32809**

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 **Mukul Agarwal - PRESIDENT / OWNER**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MUKUL AGARWAL</b> <input type="checkbox"/> Delete <b>CEO/OWNER/AGENT -</b> <b>FAST FORWARD SOLUTIONS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7611, South ORANGE</b> <b>BLOSSOM TRAIL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>#320, ORLANDO FL</b> <input type="checkbox"/> Delete <b>32809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PLEASE REMOVE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARTHA MARTIN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS AGENT -</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SHE IS NO LONGER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WITH THE FIRM</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **STAMPED/REQUIRED**

**1/18/02**

**321-287-5363**

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

Date

Daytime Phone #

CR2E083 (9/01)