

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90065 007 \*\*\*\*50.00

DOCUMENT # L01000002252

1. Entity Name

Fast Park II, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business %Mirmelli

100 SE 2nd Street

Suite, Apt. #, etc.

Suite 2600

City & State

Miami, Florida

Zip  
33131

Country  
Miami-Dade

3. Mailing Address %Mirmelli

100 SE 2nd Street

Suite, Apt. #, etc.

Suite 2600

City & State

Miami, Florida

Zip  
33131

Country  
Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1094776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Stewart M. Mirmelli

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd Street

Suite 2600

City  
Miami

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

1-23-03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Gregory Mirmelli  
100 SE 2nd Street, Suite 2600  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Dominic Cavagnuolo  
100 SE 2nd Street, Suite 2600  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

1-23-03 (305)379-6424

Date

Daytime Phone #

CR2E083B (12/02)