## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 07, 2001 8:00 am Secretary of State **DOCUMENT # L68735** 1. Entity Name FAST AUTOMOTIVE SYSTEMS TECHNOLOGY, INC. 05-07-2001 90020 020 \*\*\*150.00 Principal Place of Business Mailing Address 1619 W. 33RD PL P.O. BOX 52-1266 HIALEAH FL 33012 MIAMI FL 33152-1266 2. Principal Place of Business 3. Mailing Address 6619 PO BOX 56-6537 DIXIE HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #3<u>50</u> City & State Applied For City & State 4. FEI Number 65-0189829 <u>MIAMI</u> MIAMI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 332*56 -65*3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OLAZABAL, JORGE L. OLAZABAL, JORGE L. Street Address (P.O. Box Number is Not Acceptable) 7125 S.W. 96 ST. **MIAMI FL 33156** 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. <u> Torbe</u> SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PSD 3R2E034 (10/00) 12G ☐ Detete TITI É TITLE OLAZABAL, JORGE 6619 S. DIXIE HWY, # 350 OLAZABAL, JORGE NAME NAME 7125 SW 96 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143-7919 MIAMI FL 33156 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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