2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003287 1. Entity Name FAST INDUSTRIES, LLC					FILED OD APR 23 AMII: 16 SECRETARY OF STATE				
Principal Place	e of Business	Mailing Address			ا المحر	AHASSEE, F	LORIDA		
1850 SPECTRUM BLVD. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-3004									
2. Principal P	lace of Business				312 DILLE STILL DAVID BA				
Suite, Apt. #, etc. Suite, Apt. #,			PASS LANE			DO NOT WRI	TE IN THIS SE	PACE	
				<u> </u>	MUM				
City & State City & State			ERDALE	: FL 4	i. FEI Numbe	-096716	9	 	plied For t Applicable
Zip	Country	Zip, 33308	Country	٠ _		of Status Desired	′ \$	5.00 Add	itional
	6. Name and Address of Current F	Registered Agent	<u> </u>			Address of New R	— н	e Required	-
-	o. Hame and Address of Current	registered Agent	Name		. Hame and		- g to, ou rig	,	
	USTRIES, INC.	Street	Street Address (P.O. Box Number is Not Acceptable)						
1850 SPECTRUM BLVD.				SI COMPASS LANE					
FT. LAUDERDALE FL 33309				7 Code					
			<i>f</i>	City FORT LAUDERDALE FL Zip Code 233308					
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 _									
<u></u>	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE. I	Registered Agent signa	ature required when	en reinstating)		DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS			
TITLE Name	MGRM FAST INDUSTRIES, INC.	Delete	TITLE NAMÉ	MGRI	7200	STATES		Change	Addition
STREET ADDRESS	1850 SPECTRUM BLVD.		STREET ADDRESS	51 C	ompass.	c hawe			_
CITY- ST- ZIP	FT. LAUDERDALE FL 33309		ÇITY-\$T-ZIP	Fora	T LAUD	FRDALE			
TITLE Name		Delete	TITLE Name			[Change	Addition
STREET ADDRESS			STREET ADDRESS			ļ			<u> </u>
CITY- 8T- ZIP			CITY-8T-ZIP			ľ	1	Change	☐ Addition
TITLE NAME		☐ Delet3	TITLE NAME				l		
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP		[വാവവ	9 4 51	29D.	
CITY-ST-ZIP	CITY.				* *	00003 -05/03 ****	7000 1		Addition
NAME			NAME			米米米米米	50.00	****	50.00
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Deleta	TITLE					Change	Addition
NAME		Name of the last	NAME						,
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Dele ta	TITLE	 				Change	Addition
WAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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									
indicated limited lia	on this report is true and accurate and t bility company or the receiver or restee	mat my signature shall have the empowered to execute this re	ie same legal eff eport as required	ect as it made by Chapter 6	ie under oath; 608, Florida S	tatutes.	уму тетоег	or managet	OI UIB
	encident	allost	غسا خداك						
SIGNATURE: SIGNATURE AND PRED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER						Date I	Day	time Phone #	