

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000003287

1. Entity Name
FAST INDUSTRIES, LLC

00 APR 23 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1850 SPECTRUM BLVD.
FT. LAUDERDALE FL 33309

Mailing Address
1850 SPECTRUM BLVD.
FT. LAUDERDALE FL 33309-3004



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
SI COMPASS LANE
Suite, Apt. #, etc.
City & State
FORT LAUDERDALE, FL
Zip 33308 Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967169

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
FAST INDUSTRIES, INC.
1850 SPECTRUM BLVD.
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
SI COMPASS LANE
City FORT LAUDERDALE FL Zip Code 33308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FAST INDUSTRIES, INC. 1850 SPECTRUM BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FAST INDUSTRIES INC SI COMPASS LANE FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000003245790--5 05/03/00--0136--018 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)