2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003287

1. Entity Name

FAST INDUSTRIES, LLC

Principal Place of Business	Mailing Address
1850 SPECTRUM BLVD. FT. LAUDERDALE FL 33309	51 COMPASS LANE FORT LAUDERDALE FL 33308

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967169   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
FAST INDUSTRIES, INC. 51 COMPASS LANE FT. LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _____
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

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200004334952--9
-05/30/01--01099--024
*****50.00  *****50.00
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9. MANAGING MEMBERS / MEMBERS		**10.** ADDITIONS / CHANGES	
TITLE **MGRM** NAME **FAST INDUSTRIES, INC.** STREET ADDRESS **51 COMPASS LANE** CITY-ST-ZIP **FT. LAUDERDALE FL 33308**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP .	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Ann Fast_ ANN FAST   4/25/01   954-776-6474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #