## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900003287 FAST INDUSTRIES, LLC

Principal Place of Business

## **FILED** May 12, 2002 8:00 am Secretary of State 05-12-2002 90595 032 \*\*\*\*50.00

1850 SPECTRUM BLVD. FT. LAUDERDALE FL 33309  2. Principal Place of Business  3. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	51 COMPASS LANE FORT LAUDERDALE FL 33308 . Mailing Address		958168 DO NOT WRITE IN THIS SPACE			
		City & State			4. FEI Number 65-0967169			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 /		
	6. Name and Address of Curren	Registered Agent	<del></del>	7. Name and	Address of New Register	Fee Requ	irea	
EAG	CT INDITION INC		Name	Name				
51	ST INDUSTRIES, INC. COMPASS LANE LAUDERDALE FL 33308		Street Addres	s (P.O. Box Numbe	er is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
rı.	LAUDENDALE PL 33308		City					
	named entity submits this statement for		[ -			Zip Co	ode	
SIGNATURE .	Signature, typed or printed name of registered agent	FILE Make Check	NOTE: Registered Agent signature requi- NOW!!! FEE IS \$50.00 Payable to Department Due By May 1, 2002	)	DAT	-		
	MANAGING MEMBE	· · · · · · · · · · · · · · · · · · ·	10.		ADDITIONS/CHANG	ES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAST INDUSTRIES, INC. 51 COMPASS LANE 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	
NAME STREET ADDRESS CITY-ST-ZIP		¯ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	** = 10% .	. 44.4	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			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.

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

Change

Addition