2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 25, 2002 8:00 am M33148 DOCUMENT # Secretary of State 1. Entity Name 03-25-2002 90034 030 ***150 00 FAST CORP. AGENTS, INC. Principal Place of Business Mailing Address 2131 NW 79 AVE 2131 NW 79 AVE MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2692436 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, JOSE S Street Address (P.O. Box Number is Not Acceptable) 2131 NW 79 AVE **MIAMI FL 33122** Zip Code City FL 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Defete TITLE FERNANDEZ, JOSE S JR. NAME 5201 NW 74TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP **VP** ☐ Delete 2131 NW 79 AVE MIAMÍ, FL 3312L 2131 NW-79-AVE MIAMÍ, FL 33122 NAME FERNANDEZ, LIDIA STREET ADDRESS STREET ADDRESS 5201 NW 74TH AVE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE TITLE FERNANDEZ, JOSE S NAME NAME STREET ADDRESS 5201 NW 74TH AVE STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-7IP ☐ Delete TITI F ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not sualify 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 changed, or on an attachment with an address, with all other like empowered.

FILED

// SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Description of Directory

Date

Description of Directory

Descrip