

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90435 001 ***300.00

DOCUMENT # P00000064345

1. Entity Name
ULTIMATE FAST, FOOD CORP.

Principal Place of Business

~~11401 PINES BLVD #472~~
PEMBROKE PINES FL 33026

Mailing Address

12801 W SUNRISE BLVD
231
FORT LAUDERDALE FL 33323

2. Principal Place of Business

12801 W. Sunrise Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Zip

33323

Country

US

Country

4. FEI Number

65-1020266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMMATI, SIA

~~11401 PINES BLVD., #472~~
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

Sia Hemmati

Street Address (P.O. Box Number is Not Acceptable)

12801 W. Sunrise Blvd #231

City

Sunrise

FL

Zip Code

33323

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **HEMMATI, SIA**
 STREET ADDRESS **4140 N. 35TH AVE.**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Delete
 NAME **SAYEGH, JORGE R**
 STREET ADDRESS **1457 NW 126TH TERR.**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02 (954) 845-9400

CR2E034 (9/01)