

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90197 044 ***150.00

DOCUMENT # P00000082349

1. Entity Name

PAYING FAST, INC.

Principal Place of Business

**4613 N UNIVERSITY DRIVE #287
 CORAL SPRINGS FL 33067**

Mailing Address

**4613 N UNIVERSITY DRIVE #287
 CORAL SPRINGS FL 33067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1036081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAND, SCOTT

**4613 N UNIVERSITY DRIVE #287
 CORAL SPRINGS FL 33067**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD**
 NAME **RAND, SCOTT**
 STREET ADDRESS **4613 N UNIVERSITY DRIVE #287**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VSD**
 NAME **LEFKOWITZ, LAWRENCE**
 STREET ADDRESS **4613 N UNIVERSITY DRIVE #287**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **Administrator**
 NAME **Jami Press**
 STREET ADDRESS **4613 N University Dr. #287**
 CITY-ST-ZIP **Coral Springs, FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **Barry Press**
 NAME **Barry Press**
 STREET ADDRESS **4613 N University Dr. #287**
 CITY-ST-ZIP **Coral Springs, FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **Treasurer**
 NAME **Brad Rand**
 STREET ADDRESS **4613 N University Dr. #287**
 CITY-ST-ZIP **Coral Springs FL 33067**

☐ 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

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

Scott Rand, Pres

Date

Daytime Phone #

4/11/02 954-341-1409

CR2E034 (9/01)