


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 048 ***150.00

DOCUMENT # P01000013434
1. Entity Name
FAST WAY BUSINESS CENTER, INC. ✓



Principal Place of Business: 4848 NW 24 CT, APT 321, LAUDERDALE LAKES, FL 33313
Mailing Address: 2820 SOMERSET DR., APT. 417, LAUDERDALE LAKES, FL 33313

2. Principal Place of Business: 4848 NW 24 CT, # 321
3. Mailing Address: 4848 NW 24 CT, # 321

City & State: LAUDERDALE LAKES FL
Zip: 33313
Country: BROWARD



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PROPHETE, ESAIE
4848 NW 24TH CT APT 321
LAUDERDALE LAKES, FL 33313

4. FEI Number: 75-2998459
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: VPD NAME: PROPHETE, ESAIE STREET ADDRESS: 4848 NW 24TH CT APT #321 CITY-ST-ZIP: LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete
TITLE: P NAME: PIERRE, BETTY STREET ADDRESS: 4848 NW 24TH CT APT #321 CITY-ST-ZIP: LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESAIÉ PROPHETE 4-24-03 (954) 709-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)