

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90054 004 ***150.00

DOCUMENT # P01000021457

1. Entity Name
FAST WINGS INVESTMENT GROUP, INC.



Principal Place of Business
**5600 COLLINS AVENUE
#6A
MIAMI BEACH FL 33140
US**

Mailing Address
**P O BOX 403564
MIAMI BEACH FL 33140-1564
US**



2. Principal Place of Business
7841 SW 29th. Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami - FL

City & State

4. FEI Number **65-1093455**

Applied For
Not Applicable

Zip
33155

Country
USA

Zip

Country

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

**NARNESI, HORACIO A
5600 COLLINS AVENUE
#6A
MIAMI BEACH FL 33140**

Name
Narnesi, Horacio A
Street Address (P.O. Box Number is Not Acceptable)
7841 SW 29th. Terrace
City
Miami FL Zip Code
33155

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 **Narnesi, Horacio A. Director**

DATE
4-15-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NARNESI, HORACIO A**
STREET ADDRESS **5600 COLLINS AVE #6A**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Change ☐ Addition
NAME **NARNESI, HORACIO A**
STREET ADDRESS **7841 SW 29th. Terrace**
CITY-ST-ZIP **Miami - FL 33155**

TITLE **D** ☐ Delete
NAME **UJAQUE, GRACIELA S**
STREET ADDRESS **5600 COLLINS AVE #6A**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Change ☐ Addition
NAME **UJAQUE, GRACIELA S**
STREET ADDRESS **7841 SW 29th. Terrace**
CITY-ST-ZIP **Miami - FL 33155**

TITLE **D** ☐ Delete
NAME **A/K/A GRACIELA SUSANA NARNESI**
STREET ADDRESS **5600 COLLINS AVENUE #6A**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Change ☐ Addition
NAME **A/K/A GRACIELA SUSANA NARNESI**
STREET ADDRESS **7841 SW 29th. Terrace**
CITY-ST-ZIP **Miami - FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-15-03

DAYTIME PHONE #
305-867-9899

CR2E034 (10/02)