

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90124 039 ***150.00

DOCUMENT # P02000028161



1. Entity Name
FAST SECURITY SERVICES, INC.

Principal Place of Business
6730 W 24 CT #13 BDNG 15
HIALEAH FL 33016

Mailing Address
6730 W 24 CT #13 BDNG 15
HIALEAH FL 33016



2. Principal Place of Business
6730 W. 24 CT

3. Mailing Address

Suite, Apt. #, etc.
13 BDNG 15

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State

Zip
33016

Country
MIAMI DADE

Zip

Country

4. FEI Number

☒ **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

GAVE, CESAR R
6730 W 24 CT #13 BDNG 15
HIALEAH FL 33016

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GAVE, CESAR R
6730 W 24 CT #13 BDNG 15
HIALEAH FL 33016

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
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CITY - ST - ZIP

☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **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: GAVE, CESAR R President 04/23/03 (305) 512-4381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)