

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90246 003 ***150.00

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1. Entity Name
F.S.T. INVESTMENTS CORP.



Principal Place of Business
901 PONCE DE LEON BLVD, STE 601
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD, STE 601
CORAL GABLES, FL 33134

2. Principal Place of Business
1200 Brickell Avenue

Suite, Apt. #, etc.
Suite 900

City & State
Miami, FL

Zip
33131

Country
USA

3. Mailing Address
1200 Brickell Avenue

Suite, Apt. #, etc.
Suite 900

City & State
Miami, FL

Zip
33131

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
75-3041147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGERDO, FRANK J ESQ
901 PONCE DE LEON BLVD, STE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
AGI Registered Agents, INC.

Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue

Suite 900

City
Miami

FL

Zip Code
33131

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 registering)

DATE

AGI REGISTERED AGENTS, INC 4/30/03

THE KNOWLEDGE IS \$150.00
AND MAY 2003 FEE WILL BE \$55.00
MAINTENANCE 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
NAME
D KOLOMAYETS, ANATOLE P ☐ Delete
STREET ADDRESS
1767 VERMONT DR
CITY-ST-ZIP
ELK GROVE VILLAGE, IL 60007

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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NAME
☐ Change ☐ Addition
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:

T. Kolomayets Tony Kolomayets 4/30/03 305-416-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE Daytime Phone #

CR2E034 (10/02)