

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-22-2003 90052 027 ***150.00

DOCUMENT # P02000079351



1. Entity Name
FAST IMPORT USA CORPORATION

Principal Place of Business
**407 LINCOLN RD.
SUITE 11-L
MIAMI BEACH FL 33139**

Mailing Address
**407 LINCOLN RD.
SUITE 11-L
MIAMI BEACH FL 33139**



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

56-2286049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ODELIA, NELSON
407 LINCOLN RD.
SUITE 11-L
MIAMI BEACH FL 33139**

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 _____ (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 | PD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, PABLO A. | |
| STREET ADDRESS | 407 LINCOLN RD. #11-L | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BERTE, MARIELA | |
| STREET ADDRESS | 407 LINCOLN RD. #11-L | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RICCETTO, ENRIQUE | |
| STREET ADDRESS | 407 LINCOLN RD. #11-L | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **RODRIGUEZ, PABLO A. President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/30/03** Daytime Phone #: **305-531-0909**

CR2E034 (10/02)