

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91878 023 \*\*\*150.00

0286331  
AV

DOCUMENT # P02000116761

1. Entity Name

~~FAST COPI, INC.~~

FAST COPI CENTERS, Inc.

Principal Place of Business  
7824 NW 71 STREET  
MIAMI FL 33166

Mailing Address  
7824 NW 71 STREET  
MIAMI FL 33166

2. Principal Place of Business

3350 SW 148th AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

Same

City & State

MIRAMAR, FL

City & State

Same

Zip

33029

Country

USA

Zip

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Country

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4. FEI Number

48-1287137

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

PISCIOTTANO, MARIA DE L  
7824 NW 71 STREET  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name JOSE SOUZA

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

17924 SW 20 ST

City MIRAMAR

FL

Zip Code

33029

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.

JOSE SOUZA.

(NOTE: Registered Agent signature required when reinstating)

04/28/03.

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PISCIOTTANO, ANTONIO C SENIOR	
STREET ADDRESS	7824 NW 71 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDER C. SOUZA	
STREET ADDRESS	3350 SW 148th STREET #110	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINA BRICHAUX	
STREET ADDRESS	3350 SW 148th STREET #110	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

DINA BRICHAUX

04/28/03. (954) 874/606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E031 (10/02)