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

## DOCUMENT # P93000049975

1. Entity Name

FAST MANAGEMENT, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90752 038 \*\*\*150.00

| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME  TITLE Delete TITLE Delete NAME  |                        |  |                                  |                 | WE TE  |  |                     |                     |  |
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| Sulta, Apr. F., etc.    CHECK HERE IF MAKING CHANGES   Application   App   |                        | ,  |                                  |                 |  |  |                     |                     |  |
| City & State  City & State  City & State  City & State  Country  Country  Country  Country  A. FEI Number 65-0423627  See Sequence  See Sequence  Fee Sequence  Fee Sequence  Fee Sequence  FEE State  City  FL  Zip Country  Site of Address of New Registered Agent  7. Name and Address of New Registered Agent  Fee Sequence  FEE State  Site of Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City     | 2. Principal F         | Place of Business                                    | 3. Mailing Address               |                 |  | -<br>-<br>- 1                          |                     |                     |  |
| Section   Sect     | Suite, Apt.            | #, etc.  | Suite, Apt. #, etc.              |                 |  | ☐ CHECK HERE IF MAKING CHANGES         |                     |                     |  |
| Fig. 1. Name and Address of Current Registered Agent  FAST, JACOB 51 COMPASS LANE FI LAUDERDALE FL 33306  Sine above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signart URE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  PO Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11  ITILE  STILL UNDERDALE FL 33308  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | City & Stat            | e .  | City & State                     |                 | 4. FEI Number 65-0423627                           | -                                      |                     |                     |  |
| FAST, JACOB 51 COMPASS LANE FT LAUDERDALE FL 33308  City FL Zip Code  City FL Zip Co   | Zip                    | Country Zip  |                                  | Countr          | ry   | 5. Certificate of Status Desired       | □ \$8.75<br>Fee Red | Additional          |  |
| Sireet Address (P.O. Box Number is Not Acceptable)  1. 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.  2. 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.  3. Energy of the property of   |                        | 6. Name and Address of Current                       | Registered Agent                 |                 | 7. Name and Address of New Regis                   | stered Agent                           |                     |                     |  |
| SIGNATURE  FI LAUDERDALE FL 33308  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Reyable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE  PO Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE  PO Addition  THE  PO Detel  THE  STD  Detel  NAME  SIRET ADDRESS  CITY-S1-ZP  THE  DETERMANES  STO OMPASS LANE  THE  THE  THE  DETERMANES  STO OMPASS LANE  S | FAST, JACOB            |  |                                  |                 |  |  |                     |                     |  |
| 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 access the obligations of registered agent.  SIGNATURE    The NOW!!! FEE IS \$150.00   |                        |  |                                  |                 | Street Address (P.O. Box Number is Not Acceptable) |  |                     |                     |  |
| B. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and eccept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PD  FAST, JACOB  STREET ADDRESS  OTY-ST-ZP  TILE  STD  Delete  NAME  SIREET ADDRESS  OTY-ST-ZP  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  Delete  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  Delete  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  Delete  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  Change Addition  Addition  Addition  TILE  MAKE  SIREET ADDRESS  OTY-ST-ZP  TILE  Change Addition  Addition  Addition  ADDRESS  SIREET ADDRESS  OTY-ST-ZP  TILE  Change Addition  Addition  ADDRESS  SIREET ADDRESS  OTY-ST-ZP  TILE  Change Addition  ADDRESS  SIREET ADDRESS  OTY-ST-ZP  TILE  Change Addition  ADDRESS  SIREET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET  | FT LAUDERDALE FL 33308 |  |                                  |                 |  |  |                     |                     |  |
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| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  |                        |  |                                  |                 |  |  |                     |                     |  |
| Atter May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.   | SIGNATURE .            | Signature, typed or printed name of registered agent | and title if applicable. (NO     | TE: Registered  | Agent signature required                           | ) when reinstating)                    | DATE                |                     |  |
| Atter May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.   |                        | ILE NOW!!! FEE IS \$150.00                           | -                                |                 |  |  |                     |                     |  |
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2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 954-776-6474