2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034019

1. Entity Name
DUO-FAST CONSTRUCTION INC.

FILED
00 SEP 27 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7830 SW 97 Ct Miami FL 33173	7830 SW 97 Ct Miami FL 33173

REINSTATEMENT DO NOT WRITE IN THIS SPACE 2000

2. Principal Place of Business	3. Mailing Address
7830 SW 97 Ct	7830 SW 97 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLA	City & State: Miami FL
Zip: 33173 Country: MIAMI-DADE	Zip: 33173 Country: MIAMI-DADE

4. FEI Number: 650490419 ☐ 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
RAMON RAMOS 7830 SW 97 Ct Miami FL 33173	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.

SIGNATURE: X Ramon Ramos
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW WITH FEE IS $150.00
AFTER MAY 1, 2000 FEE WILL BE $400.00
MAKE CHECK PAYABLE TO: SECRETARY OF STATE

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAMON RAMOS 7830 SW 97 Ct Miami FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003415385--3 -10/05/00--01
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Ramon Ramos 9-25-00 (305) 271-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #