

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049205

1. Entity Name  
**FAST BUSINESS SYSTEMS, INC.**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90297 015 \*\*\*150.00

Principal Place of Business <b>2899 COLLIN AVENUE 1117 MIAMI BEACH FL 33140 US</b>	Mailing Address <b>2899 COLLIN AVE 1117 MIAMI BEACH FL 33140 US</b>
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2. Principal Place of Business <b>16327 SW 103 ST</b>	3. Mailing Address <b>16327 SW 103 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL.</b>
Zip <b>33196</b>	Zip <b>33196</b>
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0502392</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BETANCOURT, FERNANDO 2899 COLLIN AVENUE, #1117 MIAMI FL 33140</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16327 SW 103 ST.</b> City <b>MIAMI</b> FL Zip Code <b>33196</b>
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BETANCOURT, FERNANDO</b> <b>2899 COLLINS AVENUE, #1117</b> <b>MIAMI BEACH FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16327 SW 103 ST</b> <b>MIAMI FL. 33196</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FERNANDO BETANCOURT PRES.**

Date

Daytime Phone #

CR2E034 (10/00)