

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 22, 2000 8:00 am**  
**Secretary of State**

06-22-2000 90001 015 \*\*\*150.00

**DOCUMENT # P96000006114**

1. Entity Name

**FASTDEAL, INC.**

Principal Place of Business

Mailing Address

**4001 S OCEAN DRIVE J9  
 HOLLYWOOD FL 33019**

**P.O. BOX 2355  
 HALLANDALE FL 33008-2355**

2. Principal Place of Business

3. Mailing Address

**306 SE 4TH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DANIA**

City & State

Zip

Country

**33004**

Country

**U.S.**

4. FEI Number

**65-0732529**

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

**PEREZ, ALEJANDRO H  
 4001 S OCEAN DRIVE J9  
 HOLLYWOOD FL 33019**

Name

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

**306 SE 4TH**

City

**DANIA**

FL

Zip Code

**33004**

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

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, ALEJANDRO H</b>	
STREET ADDRESS	<b>4001 S OCEAN DRIVE J9</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>306 SE 4TH</b>	
CITY-ST-ZIP	<b>DANIA - FL 33004</b>	
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		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00 954-9925245**  
 Date Daytime Phone #

CR2E034 (9/99)