

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037706

1. Entity Name

FASTPACK CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90040 014 ***150.00

Principal Place of Business

Mailing Address

~~13289 SW 124 ST.~~
~~MIAMI FL 33186~~

~~13289 SW 124 ST.~~
~~MIAMI FL 33186 6437~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0664141

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

IGNACIO ARLEGUI, JOSE

~~13289 SW 124TH ST~~
~~MIAMI FL 33186~~

7311 NW 12th St #12
MIAMI, FL 33126

Name

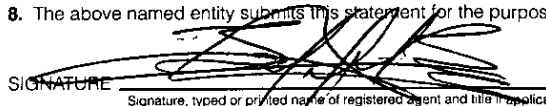
Street Address (P.O. Box Number is Not Acceptable)

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  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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

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	DP	<input checked="" type="checkbox"/> Delete
NAME	NAVARRETE, JOSE O	
STREET ADDRESS	13289 SW 124 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GEMMELL, LILA	
STREET ADDRESS	14361 SW 100TH LN	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ARLEGUI, JOSE I	
STREET ADDRESS	13289 SW 124 ST. 7311 NW 12th St #12	
CITY-ST-ZIP	MIAMI FL 33186 MIAMI, FL 33126	
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	S.D.V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lila Claudia Navarrete	
STREET ADDRESS	8251 NW 8th St #405	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE IGNACIO ARLEGUI	
STREET ADDRESS	7311 NW 12th St #12	
CITY-ST-ZIP	MIAMI, FL 33126	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(305) 233-9699

Daytime Phone #