

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90040 014 ***150.00

DOCUMENT # P96000037706

1. Entity Name
FASTPACK CORPORATION

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

4. FEI Number

65-0664141

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	NAVARRETE, JOSE O	13289 SW 124 ST.	MIAMI FL 33186	<input checked="" type="checkbox"/>
SD	GEMMELL, LILA	14361 SW 100TH LN	MIAMI FL 33186	<input checked="" type="checkbox"/>
DV	ARLEGUI, JOSE I	13289 SW 124 ST. 7311 NW 12th St #12	MIAMI FL 33186 MIAMI, FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S.D.V.	Lila Claudia Navarrete	8251 NW 8th St #405	MIAMI, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.P.	JOSE IGNACIO ARLEGUI	7311 NW 12th St #12	MIAMI, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 #

CF 104 (1/98)