2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Pq7000052840

1. Entity Name

FAST TRACK MESSENGER Service, INC.

Principal Place of Business
DADE COUNTy FLORIDA

Mailing Address
8430 N.W. 68 ST. #5
MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address		
8430 N.W. 68 ST. #5	8430 N.W. 68 ST. #5		
Suite, Apt. #, etc. BAY 5	Suite, Apt. #, etc. BAY 5		
City & State MIAMI FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0761002	Applied For / Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA	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
MARTIN J. LOPEZ 18000. N.W. 68 AVE #316 MIAMI, FL 33015	Name MARTIN J. LOPEZ Street Address (P.O. Box Number is Not Acceptable) 8430 N.W. 68 ST. BAY 5
	City MIAMI FL Zip Code 33166

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 _Martin Lopez_ PRESIDENT MARTIN LOPEZ   4/26/00

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!!! 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 PRESIDENT/SECRETARY P/V/S/T ☐ Delete		TITLE P/V/S/T ☒ Change ☐ Addition	
NAME MARTIN J. LOPEZ		NAME MARTIN J. LOPEZ	
STREET ADDRESS 8430 N.W. 68 ST. BAY 5		STREET ADDRESS 8430 N.W. 68 ST. BAY 5	
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP MIAMI, FL 33166	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: _Martin Lopez_ MARTIN LOPEZ   4/27/00   (305) 392-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #