## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State P97000052840 DOCUMENT # 1. Entity Name FAST-TRACK MESSENGER SERVICE, INC. 05-22-2002 90190 023 \*\*\*150.00 Principal Place of Business Mailing Address 19160 S.W. 29 CT 8130 N.W. 71 ST. MIAM! FL 33166 MIRAMAR FL 33029 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0761002 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOPEZ, MARTIN Street Address (P.O. Box Number is Not Acceptable) 19160 S.W. 29 CT. MIRAMAR FL 33029 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VICE-PRESIDENT **X** Addition ☐ Change Delete TITLE TITLE BOLANDO RODRIGUEZ RODRIGUEZ, ELIZABETH NAME NAME 3235 W. 14th AUE 3235 W. 14TH AVE. STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE **PDTS** TITLE LOPEZ, MARTIN NAME NAME 19160 S.W. 29TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 ☐ Change ☐ Addition TITLE TITLE Delete \_\_\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true 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 a address, with all other like empowered.

SIGNATURE

**FILED**