FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an atta

SIGNATURE:

## Jul 17, 2001 8:00 am Secretary of State P98000075051 **DOCUMENT #** 1. Entity Name 07-17-2001 90004 005 \*\*\*558.75 FAST IN & OUT, INC. Principal Place of Business Mailing Address 7481 SW 8TH STREET 17800 SW DIXIE HWY MIAMI FL 33157 MIAM! FL 33144-4547 3. Mailing Address 2. Principal Place of Business 14789 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . Applied For 4. FEI Number 65-0928504 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, RICARDO Street Address 14789 SW 142ND ST. MIAMI FL 33186 City 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 SIGNATURI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 / 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (5/01) ☐ Addition TITLE DST A Delete TITLE ☐ Change RODRIGUEZ, RICARDO NAME NAME 14789 SW 142ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP Change Addition ☐ Delete TITLE PSTD TITLE REYES, MONICA NAME NAME NOMICA REFES 14789 SW 142ND ST. STREET ADDRESS STREET ADDRESS 4789 SW 142Sr CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33186 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 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