2000	UNIFORM BUSI			3R)
DOCUMENT # P99000007023 IMPENDED HO SUPER FAST SERVICES CORP.				FILED
rincipal Place of Business Mailing Address				00 NOV -2 PM 4: 31
2025 NW 102nd.Ave. Ste. 104 Miami, Florida 33172-2233		2025 NW 102nd. Ave. Ste. 104 Miami, Florida 33172-2233		SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business		3. Mailing Address	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 65-0896789 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current Re	gistered Agent	•	7. Name and Address of New Registered Agent
			Name	nugo kelle Golizatez
315 Maj	, Rafael A. orca Ave. # 2	. • • • • • • • • • • • • • • • • • • •	Street	et Address (P.O. Box Number is Not Acceptable) 2025 NW 102nd. Ave. # 104
Coral G	ables, Florida 33134		City	Miami FL Zip Code 33172-2233
8. The above n	named entity (submits this statement for			October 30, 2000 Bignature required when reinstating)
9. This corpora Tax filing re- (See criteria	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOWII After MAY 1, 200 Make Check Payabl	e to Departme	s \$550.00 Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IS IN Addition
NAME TO TREET ACORESS CITY-ST-3P	VILLOTA, Rafael A. 2025 NW 102nd. Ave. Miami, Florida 33172	Delete−2233	NAME STREET ADDRESS CITY-ST-ZIP	*****61.25 *****61.25
TITLE NAME STREET ADDRESS	VD GONZALEZ, Jugo R. 2025 NW 102nd. Ave.	☐ Delete	TITLE NAME STREET ADDRESS	PD GONZALEZ. Hugo R. 2025 NW 102nd. Ave. # 104
CITY-ST-ZIP TITLE	Miami, Florida 33172	!-2233 ☐ Delete	CITY-ST-ZIP	Miami, Florida 33172-2233
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete .:	NAME STREET ADDRESS	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
indicated	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, w	wered to execute this report	the exemption s by signature shall as required by C	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information half have the same legal effect as if made under oath; that I am an officer or director y Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	URE: ON THE AND TOPED THE PE	HU	IGO R. GO	Gonzalez October 30, 2000 (305) 192-0333