

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018397

1. Entity Name

FAST BREAK BILLIARDS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90076 034 ***150.00

Principal Place of Business

Mailing Address

~~3501 W. VINE STREET, STE. 280~~
~~KISSIMMEE FL 34741~~

~~3501 W. VINE STREET, STE. 280~~
~~KISSIMMEE FL 34741-4073~~

2. Principal Place of Business

144 North Hwy 17-92

3. Mailing Address

144 North Hwy 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, Florida

City & State

Longwood, Florida

4. FEI Number

59-3560861

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DASSA, ROBERT A
155 GUADALAJARA DR.
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name

PABLO J. Santos

Street Address (P.O. Box Number is Not Acceptable)

3501 W. Vine Street
Suite 281

City

Kissimmee

FL

Zip Code

34741

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 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. ☐

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BARNES, WILLIS L
CITY-ST-ZIP 1014 S. HOAGLAND
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME D
STREET ADDRESS DASSA, ROBERT A
CITY-ST-ZIP 155 GUADALAJARA DR.
KISSIMMEE FL 34743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME UP/D
STREET ADDRESS BARNES, WILLIS L.
CITY-ST-ZIP 144 North Hwy 17-92
Longwood, FL. 32750

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS DASSA, Robert
CITY-ST-ZIP 144 North Hwy 17-92
Longwood, FL. 32750

TITLE ☐ Change ☒ Addition
NAME Secretary/Treasurer
STREET ADDRESS DASSA, NELSON
CITY-ST-ZIP 5215 Flying Eagle Lane
Kissimmee, FL. 34746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

3-27-00 407 397 4887

CR2E034 (9/99)