

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018397

1. Entity Name

FAST BREAK BILLIARDS, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90128 008 \*\*\*150.00

Principal Place of Business

144 NORTH HWY 17-92  
LONGWOOD FL 32750

Mailing Address

144 NORTH HWY 17-92  
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3560861

Applied For  
Not Applicable

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

SANTOS, PABLO J  
2501 W. VINE STREET  
SUITE 281  
KISSIMMEE FL 34741

Name

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

City

FL

Zip Code

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	VPD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, WILLIS L	
STREET ADDRESS	144 NORTH HWY 17-92	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DASSA, ROBERT A	
STREET ADDRESS	144 NORTH HWY 17-92	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DASSA, NELSON	
STREET ADDRESS	5215 FLYING EAGLE LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer/Secretary/V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON DASSA	
STREET ADDRESS	5215 Flying Eagle Ln	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. DASSA	
STREET ADDRESS	144 N. HWY 17/92	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)

✓ 1407 830 1036