

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000027603**

1. Entity Name

FAST EYES, INC.**FILED**
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90117 005 ***150.00

Principal Place of Business

**601 S. FEDERAL HIGHWAY
BOCA RATON FL 33432**

Mailing Address

**601 S. FEDERAL HIGHWAY
BOCA RATON FL 33432****A0042446**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8246 JOG ROAD

Suite, Apt. #, etc.

3. Mailing Address

40 PREMIUM BUS.

Suite, Apt. #, etc.

4595 TOWNE LAKE PKY 300-120

City & State

BOYNTON BEACH, FL

City & State

WOODSTOCK, GA

Zip

33437

Country

PALEM BCH

Zip

30189-5117

Country

4. FEI Number

65-0910743

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUNMAN, RALPH	
STREET ADDRESS	6380 MILL PT CL	
CITY-ST-ZIP	DELRAY BEACH FL 33432	

TITLE	ST	<input type="checkbox"/> Delete
NAME	GUNMAN, HILDA	
STREET ADDRESS	6380 MILL PT CL	
CITY-ST-ZIP	DELRAY BEACH FL 33432	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, RALPH	
STREET ADDRESS	6380 MILL PT CL	
CITY-ST-ZIP	DELRAY BEACH, FL 33432	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, HILDA	
STREET ADDRESS	6380 MILL PT. CL	
CITY-ST-ZIP	DELRAY BCH, FL 33432	

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		

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

RALPH GOODMAN

Date

4-2-01

Daytime Phone #

861-733-3320

CR2E034 (10/00)