

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2001 8:00 am**
Secretary of State

05-23-2001 91170 047 ***150.00

771304

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000055157**1. Entity Name**

FAST LINK GROUP INC

Principal Place of Business**Mailing Address**6760 NW 21 TERR
FT LAUDERDALE FL
33309 U.S.6760 NW 21 TERR
FT LAUDERDALE FL
33309 U.S.**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936759

Applied For

Not Applicable

Zip

Country

Zip

Country

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**TIM SNYDER
6760 NW 21 TERR
FT LAUDERDALE FL 33309

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 — ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TIM SNYDER
6760 NW 21 TERR
FT LAUDERDALE FL 33309TITLE — ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE — ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE — ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE — ☐ 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:**

Tim Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2001

Date

954-975-7400

Daytime Phone #

CR2E034 (10/00)