

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

06-03-2003 90039 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000080038</b> 1. Entity Name <b>S. FAST ENTERPRISES, INC.</b>							
Principal Place of Business <b>1300 ST. CHARLES PLACE S-805 PEMBROKE PINES, FL 33026</b>			Mailing Address <b>1300 ST. CHARLES PLACE S-805 PEMBROKE PINES, FL 33026</b>				
2. Principal Place of Business <b>8321 NW 48 ST</b> Suite, Apt. #, etc.			3. Mailing Address <b>8321 NW 48 ST</b> Suite, Apt. #, etc.				
City & State <b>LAuderhill FLoridA</b> Zip <b>33351</b>			City & State <b>LAuderhill FLoridA</b> Zip <b>33351</b>				
Country <b>USA</b>			Country <b>USA</b>				
4. FEI Number <b>65-0947350</b>			Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>FAST, SAM 1300 ST. CHARLES PLACE PEMBROKE PINES, FL 33026</b>			7. Name and Address of New Registered Agent  Name <b>FAST, SAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>8321 NW 48 ST</b> City <b>LAuderhill</b> FL Zip Code <b>33351</b>				
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE <b>05/30/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents' names are required when submitting)</small>							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           D FAST, SAM 1300 ST. CHARLES PLACE PEMBROKE PINES, FL 33026   <input type="checkbox"/> Delete   <input type="checkbox"/> Delete   <input type="checkbox"/> Delete   <input type="checkbox"/> Delete         </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAST, SAM 1300 ST. CHARLES PLACE PEMBROKE PINES, FL 33026  <input type="checkbox"/> Delete  <input type="checkbox"/> Delete  <input type="checkbox"/> Delete  <input type="checkbox"/> Delete
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP             TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           D FAST, SAM 8321 NW 48 ST LAuderhill FL 33351   <input type="checkbox"/> Change <input type="checkbox"/> Addition   <input type="checkbox"/> Change <input type="checkbox"/> Addition   <input type="checkbox"/> Change <input type="checkbox"/> Addition   <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAST, SAM 8321 NW 48 ST LAuderhill FL 33351  <input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE _____ DATE <b>05/30/03</b> <small>Signature and typed or printed name of signing officer or director</small>							

CR2E034 (10/02)

Attachment  
80124087  
P99000080038  
*Sam Fast*

8321 New 48 St  
Lauderdale Fl 33351  
Office: (954) 742-5181  
Fax: (954) 742-5336  
SamSells@BellSouth.Net  
www.SamSellsProperty.com

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May 30, 2003

*Division of Corporations,*

*I spoke to one of your agents today 05/30/03 to let them know that I did not receive my (UBR) I moved a few months ago and let the agent know that, they said to download the (UBR) from the internet fill it out and send the \$150.00 and a letter explaining what happened. If you look at my payment record I have always paid on time. Thanks in advance. Please let me know by e-mail, letter, or phone to let me know this has been taken care of.*

*Sincerely,*

*Sam Fast* 