

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90034 039 ****61.25

DOCUMENT # 714046

1. Entity Name

BIG FIVE CLUB, INC.

Principal Place of Business

9299 SW 7TH TERRACE
 MIAMI FL 33174

Mailing Address

P.O. BOX 440096
 TAMiami JTATIM
 MIAMI FL 33144-0096
 US

2. Principal Place of Business

600 SW 92 AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State *Miami*

City & State

4. FEI Number **59-1231761**

Applied For Not Applicable

Zip *FL 33174* Country

Zip Country

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

6. Name and Address of Current Registered Agent

MORENO, JOSE A
9299 SW 7TH TERRACE
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name *Pedro Martell*
 Street Address (P.O. Box Number is Not Acceptable) *600 SW 92 AVE.*
 City *Miami* FL Zip Code *33174*

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

[Handwritten Signature]

03/05/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORENO, JOSE A.	
STREET ADDRESS	10355 N.W. 48 ST.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTELL, PEDRO	
STREET ADDRESS	1802 SW 102ND PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLER, ANGEL	
STREET ADDRESS	36 N.E. 1ST - SUITE 815	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, SILVIO	
STREET ADDRESS	11880 SW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAUL	
STREET ADDRESS	2333 NW 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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	Secretary-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando E. Martinez	
STREET ADDRESS	8105 S.W. 74 Street	
CITY-ST-ZIP	Miami, Florida 33143	

12. 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 617, 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:

[Handwritten Signature] **Fernando E. Martinez** 2-20-2000 305.592-6366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E07 (9/99)