2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2001 8:00 am Secretary of State DOCUMENT # 714046 1. Entity Name BIG FIVE CLUB, INC. 03-07-2001 90164 001 *****5.00 03-07-2001 90164 002 ****61.25 Principal Place of Business Mailing Address P.O. BOX 440096 600 SW 92 AVE. 4000 I MIAMI FL 33174 TAMIAMI JTATIM MIAMI FL 33144 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1231761 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) MORENO, JOSE A 600 SW 92 AVE **MIAMI FL 33174** Zip Code FL 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete Delete TITLE PAESIDEUT Change **Addition** LOUIS AUDIEWS THE SWYL ITREET MIDIN, P. 1331N. MARTELL, PEDRO NAME NAME STREET ADDRESS STREET ADDRESS 1802 SW 102ND PLACE CITY-ST-7IP CITY-ST-7IP MIAMI FL 33165 VICE PRESIDENT ALEMAN JUAN PABLO ALEMAN 10501 SW 26 TH TELLACE Change Addition Delete TITLE TITLE ٧D NAME NAME SOLER, ANGEL STREET ADDRESS STREET ADDRESS 36 N.E. 1ST - SUITE 815 HIAMI, F/ 3316V. CITY-ST-7IP CITY-ST-7IP MIAMI FL 33132 DIRECTOR ☐ Change TITLE Delete TITLE Addition MAUNETOE J. RODAIGUEZ NAME MORALES, SILVIO NAME 73405W-84-07-STREET ADDRESS STREET ADDRESS =11880 SW: 46 ST. = CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33175** TITLE TD ☐ Delete TITLE Change ☐ Addition NAME **GONZALEZ. RAUL** NAME STREET ADDRESS 2333 NW 1ST STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33125** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MANTINGZ FERNANDO E MARTINEZ, FERNONDA E NAME NAME STREET ADDRESS 8105 S.W. 74 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 empower

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

02/22/01 305-223-2818