FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am DOCUMENT # 714046 **Secretary of State** 1. Entity Name 02-25-2002 90002 044 \*\*\*\*66.25 BIG FIVE CLUB. INC. Principal Place of Business Mailing Address 600 SW 92 AVE. P.O. BOX 440096 MIAMI FL 33174 TAMIAMI JTATIM MIAMI FL 33144 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 Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) MORENO, JOSE A 600 SW 92 AVE MIAMI FL 33174 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition ANDREWS, LOUIS NAME NAME STREET ADDRESS 7521 SW 56 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 TITLE Delete TITLE ☐ Change ☐ Addition aleman, Juan Pablo NAME NAME 10501 SW 26TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 HTLE--⊡-Delete RODAIGUEZ MAUSEI Change ☐ Addition DE J RODRIGUEZ, MANUEL NAME NAME STREET ADDRESS 7340 SW 84 CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, RAUL NAME NAME STREET ADDRESS STREET ADDRESS 2333 NW 1ST STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 D MANTIUEZ, FERNAUSO E TITLE ☐ Delete TITLE Change Addition MARTINEZ, FERNANDO E NAME NAME STREET ADDRESS STREET ADDRESS 8105 S.W. 74 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP

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

h all other like empowered

SIGNATURE

changed, or on an attachment