

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 041 ***150.00

DOCUMENT # G70169

1. Entity Name
 Big Potato, Inc.

Principal Place of Business Mailing Address
 7401 S.W. 5th Street
 Plantation, FL 33317

2. Principal Place of Business 3. Mailing Address
 7411 Granville Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Tamarac, Florida
 Zip 33321 Country Zip Country

4. FEI Number Applied For
 59-2628261 Not Applicable

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

6. Name and Address of Current Registered Agent
 Shifman, Marion
 7401 S.W. 5th Street
 Plantation, Florida 33317

7. Name and Address of New Registered Agent
 Name Shifman, Marion
 Street Address (P.O. Box Number is Not Acceptable) 7411 Granville Drive
 City Tamarac FL Zip Code 33321

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 *Marion Shifman Pres.* DATE 4/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P/T/D <input type="checkbox"/> Delete
NAME	Shifman, Marion
STREET ADDRESS	7411 Granville Drive
CITY-ST-ZIP	Tamarac, Florida 33321
TITLE	D/VP/S <input type="checkbox"/> Delete
NAME	Morris, Lynnette
STREET ADDRESS	2100 S. Ocean Drive
CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marion Shifman Pres.* Marion Shifman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

00091360

DO NOT WRITE IN THIS SPACE

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