

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90003 028 ****55.00

DOCUMENT # L02000025871

1. Entity Name

B.I.G. DEVELOPERS, LLC



Principal Place of Business

**780 NORTHWEST LEJEUNE ROAD SUITE 516
MIAMI FL 33126**

Mailing Address

**780 NORTHWEST LEJEUNE ROAD SUITE 516
MIAMI FL 33126**

2. Principal Place of Business

1700 E LAS OLAS BLVD

3. Mailing Address

1700 E LAS OLAS BLVD

Suite, Apt. #, etc.

PH 7

Suite, Apt. #, etc.

PH 7

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

Zip

33301

Country

US

Zip

33301

Country

US

4. FEI Number

54-2076083

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGLE & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Aurelio A. Piedra

Street Address (P.O. Box Number is Not Acceptable)

1780 NW LeJeune Rd

#516

City

miami

FL

Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Aurelio A. Piedra CPA 2/20/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **GONZALEZ, JORGE A**
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD SUITE 516**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FRANCISCO-JAVIER GONZALEZ
DIRECTOR OF DEVELOPMENT / MEMBER

2/20/03 443 7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)