2002 Uniform Business Report (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # R00000081616 1. Entity Name BIG BANG ENTERPIRSES INC. 03-26-2002 90014 012 ***150.00 Principal Place of Business Mailing Address 4775 PINE DRIVE 4775 PINE DRIVE MIAMI FL 33143 **MIAMI FL 33143** 2. Principal Place of Business 3. Mailing Address P.O. Box 56-5488 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1035174 INECREST Not Applicable Zip Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-BEVERIDGE, BRETT Street Address (P.O. Box Number is Not Acceptable) **4775 PINE DRIVE** MIAM! FL 33143 SORO 541 COURT MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agentor both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change BEVERIDGE, BRETT J NAME **4775 PINE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Robert OFTER - KOB NAME NAME ORTEGA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP M 10m1, FL 33185 TITLE TREASURER --- Delete ☐ Change - .. Addition THOMAS R GORDUN, SR 16101 Sw 76 AUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trostee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attantiment with an address, with all other like enlipowered.

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FILED