

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/16/2003-90005-046-\$758.75-\$758.75

FILED

03 SEP 24 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117569

1. Entity Name
THE BIG BRAIN COMPANY



Principal Place of Business
5450 SW 8TH STREET
CORAL GABLES FL 33134

Mailing Address
5450 SW 8TH STREET
CORAL GABLES FL 33134

2. Principal Place of Business
2174 NW 87th Ave
Suite, Apt. #, etc.

3. Mailing Address
2174 N.W. 87th Ave
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33172
Country
USA

City & State
Miami, FL
Zip
33172
Country
USA

4. FEI Number
65-1063302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, NETTE M
3384 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: Ivette Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
2174 N.W. 87th Ave
City Miami FL 33172

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 Ivette Gonzalez 9/9/2003
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GONZALEZ, NETTE M 3384 CORAL WAY MIAMI FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jessie Fernandez <input checked="" type="checkbox"/> Addition 2174 N.W. 87th Ave Miami, FL 33172 <u>Cancel</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 empowered.

SIGNATURE: Ivette Gonzalez REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 305-716-5266
Date Daytime Phone #

CR2E034 (4/03)