

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90133 001 ***150.00

DOCUMENT # P01000026450

1. Entity Name

INVERSIONES BIG PARADISE, INC.

Principal Place of Business

Mailing Address

**2000 ISLAND BLVD #308. WILLIAMS ISLAND
 AVENTURA FL 33160**

**2000 ISLAND BLVD #308. WILLIAMS ISLAND
 AVENTURA FL 33160**

2. Principal Place of Business

16425 Bridge end Road.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

4. FEI Number

65-1083548.

Applied For

Not Applicable

Zip

Country

33014 U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CORONA, MARITZA

269 NORTH UNIVERSITY DRIVE SUITE J

PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name **MARITZA Paredes**

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

16425 Bridge End Road.

City **Miami Lakes**

FL

Zip Code

33014

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.

(NOTE: Registered Agent signature required when reinstating)

3/2/02

DATE

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, 2002 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

TITLE **PD.** ☐ Delete
 NAME **Maritza Paredes**
 STREET ADDRESS **16425 Bridge End Road.**
 CITY-ST-ZIP **Miami Lakes, FL 33014.**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **VPD. Douglas Alberto Montiel P.**
 STREET ADDRESS **16425 Bridge End Road**
 CITY-ST-ZIP **Miami Lakes, FL 33014.**

TITLE ☐ Change ☒ Addition
 NAME **FD. Lizianny Montiel**
 STREET ADDRESS **16425 Bridge End Road**
 CITY-ST-ZIP **Miami Lakes, FL 33014.**

TITLE ☐ Change ☒ Addition
 NAME **SD. Liz Kelly Montiel**
 STREET ADDRESS **16425 Bridge End Road.**
 CITY-ST-ZIP **Miami Lakes, FL 33014.**

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

TITLE ☐ Change ☐ 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02.

Date

Daytime Phone #

CR2E034 (9/01)