

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0227146 AV

DOCUMENT # P01000076039

1. Entity Name
BIGIDEA.NET INC.

02-19-2002 90129 036 ***158.75

Principal Place of Business
6538 COLLINS AVE.
#155
MIAMI BEACH FL 33141

Mailing Address
6538 COLLINS AVE.
#155
MIAMI BEACH FL 33141



2. Principal Place of Business
6538 collins Ave.

3. Mailing Address
6538 collins ave. #155

Suite, Apt. #, etc.
#155

Suite, Apt. #, etc.
#155

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL.

City & State
MIAMI BEACH FL.

4. FEI Number
651132278

Applied For
☒ Not Applicable

Zip
33141

Country
US

Zip
33141

Country
US

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOHN
6538 COLLINS AVE
#155
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name **JIM CHANG**
 Street Address (P.O. Box Number is Not Acceptable)
6538 collins ave. #155
 City **MIAMI BEACH FL** Zip Code **33141**

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 **X Jim Chang**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
 NAME **Jim Chang**
 STREET ADDRESS **6538 collins ave. #155**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **President** ☐ Change ☒ Addition
 NAME **Jim Chang**
 STREET ADDRESS **6538 collins ave. #155**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 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 REQUIRED

1/29/02 3054621122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)