

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

03-07-2003 90140 035 ***150.00

DOCUMENT # P02000017737

1. Entity Name
SBIG COMMUNICATIONS, INC.



Principal Place of Business
5445 COLLINS AVENUE #C-U11
MIAMI BEACH FL 33140

Mailing Address
5445 COLLINS AVENUE #C-U11
MIAMI BEACH FL 33140

2. Principal Place of Business
3400 NE 192 ND ST

3. Mailing Address

Suite, Apt. #, etc.
1707

Suite, Apt. #, etc.

SCM

City & State
Aventura, FL

City & State

4. FEI Number
01345661

Applied For
Not Applicable

Zip
33180

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LAURINDO, GILMAR~~
5445 COLLINS AVENUE #C-U11
MIAMI BEACH FL 33140

Name GOMES, ANTONIO C
Street Address (P.O. Box Number is Not Acceptable)

5445 COLLINS AVE. #C-U11
City MIAMI BEACH FL Zip Code 33140

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

03/04/2003

FILE NOW!!! FEE IS \$450.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LAURINDO, GILMAR
5445 COLLINS AVENUE #C-U11
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOMEZ, ANTONIO C
5445 COLLINS AVENUE #C-U11
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GOMES WITH "S" NOT "Z". ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANIEL EDUARDO GOMES E VILLA NOVA
5445 COLLINS AVENUE #C-U11
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03 (305) 864-1598

Date

Daytime Phone #

CR2E034 (10/02)