

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90489 034 \*\*\*150.00

**DOCUMENT # P02000039135**



1. Entity Name  
**BIG BLUE TECH OF FLORIDA, INC.**

Principal Place of Business  
**2108 S CYPRESS BEND DR #203  
POMPANO BCH FL 33069**

Mailing Address  
**2108 S CYPRESS BEND DR #203  
POMPANO BCH FL 33069**



2. Principal Place of Business  
**1975 E. SUNRISE BLVD**

3. Mailing Address  
**1975 E. SUNRISE BLVD**

Suite, Apt. #, etc.  
**718**

Suite, Apt. #, etc.  
**718**

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE**

Zip  
**33304**

Country

Zip  
**33304**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**60-0001504**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SILVA SALIM, MAGNO A.**  
**2108 S CYPRESS BEND DR #203**  
**POMPANO BCH FL 33069**

**7. Name and Address of New Registered Agent**

Name  
**MAGNO A. SILVA SALIM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1975 E. SUNRISE BLVD**  
**SUITE # 718**  
City  
**FT. LAUDERDALE** FL Zip Code  
**33304**

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  
**3/13/03**

**FILE NOW!!! FEE IS \$150.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST SILVA SALIM, MAGNO A 2108 S CYPRESS BEND DR #203 POMPANO BCH FL 33069</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/13/03 (954) 764-5208**

CR2E034 (10/02)