

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90164 010 ***150.00

0173600 AV

DOCUMENT # P02000075457

1. Entity Name
BIG ELECTRON ELECTRIC, INC.



Principal Place of Business
**491 SW 182 WAY
PEMBROKE PINES FL 33029**

Mailing Address
**491 SW 182 WAY
PEMBROKE PINES FL 33029**



2. Principal Place of Business

37 RAIN TREE PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Zip

32164-6843

Country

FLAGLER

4. FEI Number

76-0707088

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JEANTY, BENITO

491 SW 182 WAY

PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

BENITO JEANTY

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

37 RAIN TREE PLACE

City

Palm Coast

FL

Zip Code

32164-6843

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 registrant and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

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 **D** ☐ Delete
NAME **JEANTY, BENITO**
STREET ADDRESS **491 SW 182 WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
NAME **HALL, EUGENIA**
STREET ADDRESS **491 SW 182 WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BENITO JEANTY**
STREET ADDRESS **37 RAIN TREE PLACE**
CITY-ST-ZIP **Palm Coast FL 32164-6843**

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

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

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

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

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

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

04/17/03

Date

**(386) 931-6036 Cell.
586-1294 Office**

Daytime Phone #

CR2E034 (10/02)