

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90579 033 ***158.75

DOCUMENT # **P950000 72240**
1. Entity Name
BIG G ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

636617

2. Principal Place of Business
725 W. 20th Street
Suite, Apt. #, etc.

3. Mailing Address
725 W. 20th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33010 Country
U.S.

4. FEI Number
65-0615849

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARVIN I. WIENER

Street Address (P.O. Box Number is not acceptable)
2121 Ponce De Leon Blvd
Ste 900

City
MIAMI FL Zip Code
33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is ~~\$160.00~~ **158.75**
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Gutierrez Jesus 725 W. 20th Street Hialeah, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Gutierrez Yolanda 725 W. 20th Street Hialeah, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/22/02** Daytime Phone # **305-8876322**

CR2E034B (12/01)