

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90011 046 \*\*\*150.00

**DOCUMENT # P95000084901**

1. Entity Name  
**PLANETBIG CORP.**

Principal Place of Business  
**1172 SOUTH DIXIE HWY.,  
 SUITE 504  
 CORAL GABLES FL 33146**

Mailing Address  
**1172 SOUTH DIXIE HWY.,  
 SUITE 504  
 CORAL GABLES FL 33146**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0615027**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCO, GUIDO  
 1228 WEST AVENUE  
 APT 1406  
 MIAMI BCH FL 33139**

Name **GUIDO BLANCO**

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

**900 BAY DRIVE APT. 210**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **PST** ☐ Delete  
 NAME **BLANCO, GUIDO**  
 STREET ADDRESS **1228 WEST AVENUE APT 1406**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PST** ☒ Change ☐ Addition  
 NAME **BLANCO, GUIDO**  
 STREET ADDRESS **900 BAY DRIVE APT. 210**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **GUIDO BLANCO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 538-0223

Daytime Phone #

CR2E034 (10/00)