

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90053 024 ***150.00

DOCUMENT # P97000022535

1. Entity Name
BIG E FARM, INC.

Principal Place of Business

**9461 SW 119 CT
 MIAMI FL 33186**

Mailing Address

**9461 SW 119 CT
 MIAMI FL 33186**

2. Principal Place of Business

15375 SW 240 ST
 Suite, Apt. #, etc.

3. Mailing Address

15375 SW 240 ST
 Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33031

Country

USA

Zip

33031

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, EDUARDO J
 9101 SW 9 TERRACE
 MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name **GONZALEZ, EDUARDO J**

Street Address (P.O. Box Number/Is Not Acceptable)

15375 SW 240 ST

City

MIAMI

FL

Zip Code

33031

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, 2002 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

TITLE **SD** ☐ Delete
 NAME **CEQUERELLA, RAFAEL EDUARDO**
 STREET ADDRESS **21801 SW 202 AVE**
 CITY-ST-ZIP **MIAMI FL 33170**

TITLE **TD** ☐ Delete
 NAME **GONZALEZ, EDUARDO E**
 STREET ADDRESS **13631 SW 6 ST**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **PD** ☐ Delete
 NAME **GONZALEZ, EDUARDO J**
 STREET ADDRESS **9461 SW 119 CT**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-2289037

CR2E034 (9/01)