

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080330

1. Entity Name

BIG EYE PRODUCTIONS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90140 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 BAY ROAD  
#665  
MIAMI BEACH FL 33139  
US

1500 BAY ROAD  
#665  
MIAMI BEACH FL 33139-3234  
US

2. Principal Place of Business

2388 SW 163RD AVE

3. Mailing Address

2388 SW 163RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0785475

Applied For

Not Applicable

Zip

33027

Country

US

Zip

33027

Country

US

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

DE TORO, MIRIAM  
231 ALTARA AVENUE  
CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

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, 2000 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 V ☒ Delete  
NAME BIGAI, RICARDO  
STREET ADDRESS 1500 BAY ROAD, #665  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE V ☒ Change ☐ Addition  
NAME Ricardo Bigai  
STREET ADDRESS 2388 SW 163RD AVE  
CITY-ST-ZIP MIAMI FL, 33027

TITLE PD ☒ Delete  
NAME BIGAI, ALEJANDRA  
STREET ADDRESS 1500 BAY ROAD, #665  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PD ☒ Change ☐ Addition  
NAME Bigai, ALEJANDRA  
STREET ADDRESS 2388 SW 163RD AVE  
CITY-ST-ZIP MIAMI FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Helena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

Date

954-4305275

Daytime Phone #