

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90186 009 ***150.00

DOCUMENT # P98000023988

1. Entity Name
BIGGI INTERNATIONAL, CORP.

Principal Place of Business

**6921 N.W. 52ND ST.
 MIAMI FL 33166**

Mailing Address

**P O BOX 562438
 MIAMI FL 32256**

2. Principal Place of Business

3560 NW 115 Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33178

Country

USA

Country

4. FEI Number

65-0819816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TORRES, ARCADIO
 3560 NW 115 AVE
 MIAMI FL 33178**

7. Name and Address of New Registered Agent

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, 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 **DT** ☐ Delete
 NAME **TORRES, ARCADIO**
 STREET ADDRESS **6921 N.W. 52ND ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DP** ☐ Delete
 NAME **ROBBA, ANGEL S**
 STREET ADDRESS **6921 N.W. 52ND ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DV** ☐ Delete
 NAME **JOFRE, JORGE**
 STREET ADDRESS **6921 N.W. 52ND ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **S** ☐ Delete
 NAME **AHUMADA, DAVID G**
 STREET ADDRESS **6921 N.W. 52ND ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

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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 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 another like empowered.

SIGNATURE:

SIGNATURE RECORDED
ARCADIO TORRES

4/28/02

305-342-6825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)