

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092946

1. Entity Name

BIGASIA CORPORATION

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90067 049 ***150.00

Principal Place of Business

Mailing Address

11103 NW 46 DRIVE
CORAL SPRINGS FL 33076

11103 NW 46 DRIVE
CORAL SPRINGS FL 33076-2139

2. Principal Place of Business

P.O. BOX 1935

3. Mailing Address

P.O. BOX 1935

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33429-1935

33429-1935

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

TAEPKDEE, PREECHA

11103 NW 46 DRIVE

CORAL SPRINGS FL 33076

Name

TAEPKDEE, PREECHA

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

5580 Pacific Blvd. #501

City

Boca Raton

FL

Zip Code

33433

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 ☐ Delete
NAME D
STREET ADDRESS TAEPKDEE, PREECHA
CITY-ST-ZIP 11103 NW 46 DRIVE
CORAL SPRINGS FL 33076

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5580 Pacific Blvd. #501
CITY-ST-ZIP Boca Raton, FL 33433

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
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

P. C. Repulse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

561-417-0275
Daytime Phone #