

## 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90081 021 \*\*\*150.00

DOCUMENT # P99000060847

1. Entity Name

BIGBROOM.COM, INC.

Principal Place of Business

Mailing Address

6198 N.W. 23 TERR.  
BOCA RATON FL 334966198 N.W. 23 TERR.  
BOCA RATON FL 33496-3613

2. Principal Place of Business

3. Mailing Address

64 Fulton Street

Todd Schwartzfarb

Suite, Apt. #, etc.

Suite, Apt. #, etc.

703 (Suite #)

219 E. 8th Street Apt 6C

City &amp; State

City &amp; State

New York NY

New York NY

Zip

Country

Zip

Country

10038

USA

10028

USA

4. FEI Number

Applied For

65-0931757

Not Applicable

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

SCHWARTZFARB, TODD  
 6198 N.W. 23 TERR.  
 BOCA RATON FL 33496

(Same)

Name

Todd Schwartzfarb

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

6198 NW 23 TERR  
 BOCA RATON  
 FL 33496

219 E. 8th Street Apt 6C

City

New York NY

FL

Zip Code

10028

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

*Todd Schwartzfarb*, Todd Schwartzfarb

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

(NOTE: Registered Agent signature required when reinstating)

2/19/00

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 President & Director  
 STREET ADDRESS Todd Schwartzfarb  
 CITY-ST-ZIP 6198 NW 23 Terrace  
 Boca Raton, FL 33496

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

TITLE ☐ Delete  
 NAME Secretary  
 STREET ADDRESS Susan Schwartzfarb  
 CITY-ST-ZIP 219 E. 8th Street

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

TITLE ☐ Delete  
 NAME Secretary & Director  
 STREET ADDRESS Evan Schwartzfarb  
 CITY-ST-ZIP 6198 NW 23 Terrace  
 Boca Raton, FL 33496

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

TITLE ☐ Delete  
 NAME Director  
 STREET ADDRESS Susan Schwartzfarb  
 CITY-ST-ZIP 6198 NW 23 Terrace  
 Boca Raton, FL 33496

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:

*Susan Schwartzfarb*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00

Date

Daytime Phone #

212 737-1314

812 244-1778