FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 29.9000065531



1. Entity Nar BIG FIS	SH 2000, Inc.			O3 AUG 25 PM 2: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address						
\$55 S.W. Miami Avenue Road 55 S.W. Miami Avenue Road 55 S.W. Miami Avenue Road Suite, Apt. #, etc.			enue Road	DO NOT WRITE IN THIS SPACE		
City & State Mlami, FL		City & State Miami, FL		4. FEI Number 650945329	Applied For Not Applicable	
Zip 33130			Country USA	5. Certificate of Status Desired Fee Required		
DO NOT WRITE IN THIS SPACE			Name	7. Name and Address of Current Registered Agent Name BOTTIGLIERI, Giuseppe		
			BUI	Street Address (P.O. Box Number is Not Acceptable)		
			55 S.W. Miami Avenue Road			
			City Miami	City Migmi		
Note that the statement for the purpose of changing its registered office or registere the obligations of registered agent.				: 33130 j		
SIGNATURE Sgrature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required: January 1 - May 1 - Fee: Is \$150.00 After May 1; Fee: Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President COREA, Ana 55 S.W. Miami Avenue R		TITLE MAME STREET ADDRESS CITY-ST-72P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.President BOTTIGLIERI, Giuseppe 55 S.W. Miami Avenue R		TTUE NOME STREET ADDRESS CITY ST-ZIP	//8/75/73/11009001 **61.25 200022552362 08/25/0301068001 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary FURSTENBERG, Sebas 55 S.W. Miami Avenue R		TITLE NAME STREFT ADDRESS CTY'-S1-ZIP	200022552382 ®DO3NOF8WRITE 1,25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer BELLA, Riccardo 55 S.W. Miami Avenue R	d - Miami, FL 33130	THTLE NAME STREET AUDRESS CITY-ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE: _ NAME STREET ADDRESS			TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREFT ADDRESS			
CITY-ST-ZIP		the sk t. Etc.	CITY-ST-ZIP	10.07(0V) Florin On		

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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bottiglieri, Giuseppe

08/10/2003

305-373-1770