

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089729

1. Entity Name

BIG MOUTH UNIVERSAL COMMUNICATIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90164 040 ***150.00

Principal Place of Business

Mailing Address

~~100 ANCHOR DRIVE #PMB 491~~
~~KEY LARGO FL 33037~~

100 ANCHOR DRIVE #PMB 491
KEY LARGO FL 33037-5277

2. Principal Place of Business

3. Mailing Address

24 Rockside Lane #491
Suite, Apt. #, etc.

24 Rockside Lane #491
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Key Largo, Fl.

Key Largo, Fl.

65-0535958

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

33037 Monroe

33037 Monroe

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERSAUD, SAMUEL A
1450 MADRUGA AVE STE 300
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	PD	<input type="checkbox"/> Delete
NAME	SHOTMEYER, ELIZABETH J	
STREET ADDRESS	100 ANCHOR DRIVE #PMB 491	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUKOWSKI, STEPHEN E	
STREET ADDRESS	100 ANCHOR DRIVE #PMB 491	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KUPPER, ARLENE J	
STREET ADDRESS	100 ANCHOR DRIVE #PMB 491	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	24 Rockside Lane #491
CITY-ST-ZIP	Key Largo, Fl. 33037
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	24 Rockside Lane #491
CITY-ST-ZIP	Key Largo, Fl. 33037
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	24 Rockside Lane #491
CITY-ST-ZIP	Key Largo, Fl. 33037
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ARLENE J. KUPPER 4-18-00 305-367-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)