

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41662

1. Entity Name

BIGGIE TRADING CORP.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90224 001 ***150.00

Principal Place of Business
19101 NE 36 CT., #702
AVENTURA FL 33180
JS

Mailing Address
19101 NE 36 CT., #702
AVENTURA FL 33180
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0251588

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MAGDALENO, MARCIO
19101 NE 36 CT., #702
AVENTURA FL 33180

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. T

PLEASE CORRECT
↓

FILE NOW!!! FEE IS \$150.00
after MAY 1, 2001 Fee will be \$550.00
Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME
STREET ADDRESS
CITY - ST - ZIP
MAGDALENO, MARCIO
19101 NE 36 CT., #702
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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MAGDALENO, MARCIO
19101 NE 36 CT., #702
AVENTURA FL 33180

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V.P.
LISETTE DE LUCCIA
19101 NE 36 CT #702
AVENTURA, FL 33180

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01 (305) 9326996

Date

Daytime Phone #

CR2E034 (10/00)