

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90032 039 \*\*\*150.00

**DOCUMENT # V55210**

1. Entity Name

**BIG VIDEO CORP.**

Principal Place of Business

Mailing Address

1550 W 84TH STREET  
 BAY 22  
 HIALEAH FL 33014

1550 W 84TH STREET  
 BAY 22  
 HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0349374**

Applied For

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

**SANTOS, ROBERTO JR**  
**1550 W 84TH STREET**  
**BAY 22**  
**HIALEAH FL 33014**

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, 2001 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, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD SANTOS, ROBERTO JR 1550 W 84TH STREET HIALEAH FL	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01 305 8264777

CR2E034 (10/00)