2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **849904** Mar 08, 2000 8:00 am **Secretary of State** SPARTACUS LIMITED INCORPORATION 03-08-2000 90010 022 ***150.00 Principal Place of Business Mailing Address PO BOX N-4843 PO BOX N-4843 NASSAU BA NASSAU BA US 00010370 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 98-0048775 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILLOY, JOSEPH M CPA Street Address (P.O. Box Number is Not Acceptable) NEW WORLD TOWER, STE. 700 100 NORTH BISCAYNE BLVD. **MAIMI FL 33132** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. XXX hange TITLE TITLE XXXX X Delete Authorized Signatory KNOWLES, GEORGE NAME NAME LTSB Management (Cayman) Limited STREET ADDRESS PO BOX N-4843 KING & GEORGE ST STREET ADDRESS P. O. Box N-4843, King & George Streets Nassau, N. P., Bahamas CITY-ST-ZIP NASSAU, BAHAMAS CITY-ST-ZIP XXX Delete XXX hange Authorized Signatory CAMPBELL, DONALD NAME NAME LTSB Management (Cayman) Limited STREET ADDRESS STREET ADDRESS P. O. BOX N-4843, KING & GEORGE ST. P. O. Box N-4843, King & George Streets CITY-ST-ZIP. CITY-ST-ZIP NASSAU: BAHAMAS --Nassau, "N""P", Bahamas XXX Delete TITLE Authorized Signatory COLEBROOK, SHARON NAME LTSB Management (Cayman) Limited STREET ADDRESS STREET ADDRESS P. O. BOX N-4843, KING & GEORGE ST. P. O. Box N-4843, King & George Streets CITY-ST-ZIP CITY-ST-ZIP NASSAU, BAHAMAS Nassau, N. P., Bahamas ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ental 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 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 an address, with art ther like empowered. I hereby certify that the info indicated on this report or of the corporation or the re

2000

24th January,

SIGNATURE:

changed, or on an attach