

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90006 001 ***550.00

DOCUMENT # 849904

1. Entity Name

SPARTACUS LIMITED INCORPORATION

Principal Place of Business

**PO BOX N-4843
 NASSAU BA
 US**

Mailing Address

**PO BOX N-4843
 NASSAU BA
 US**

775150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0048775

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

**FILLOY, JOSEPH M CPA
 NEW WORLD TOWER, STE. 700
 100 NORTH BISCAYNE BLVD.
 MIAMI FL 33132**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☒ Delete
 NAME **D**
 STREET ADDRESS **KNOWLES, GEORGE**
 CITY-ST-ZIP **PO BOX N-4843 KING & GEORGE ST
 NASSAU, BAHAMAS**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CAMPBELL, DONALD**
 CITY-ST-ZIP **P. O. BOX N-4843, KING & GEORGE ST.
 NASSAU, BAHAMAS**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **COLEBROOK, SHARON**
 CITY-ST-ZIP **P. O. BOX N-4843, KING & GEORGE ST.
 NASSAU, BAHAMAS**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Authorized Signatory**
 STREET ADDRESS **LTSB Management (Cayman) Limited**
 CITY-ST-ZIP **P. O. Box N-4843, King & George Streets
 Nassau, N.P., Bahamas.**

TITLE ☒ Change ☐ Addition
 NAME **Authorized Signatory**
 STREET ADDRESS **LTSB Management (Cayman) Limited**
 CITY-ST-ZIP **P. O. Box N-4843, King & George Streets
 Nassau, N.P., Bahamas.**

TITLE ☒ Change ☐ Addition
 NAME **Authorized Signatory**
 STREET ADDRESS **LTSB Management (Cayman) Limited**
 CITY-ST-ZIP **P. O. Box N-4843, King & George Streets
 Nassau, N.P., Bahamas.**

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

SEPTEMBER 4, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LTSB MANAGEMENT (CAYMAN) LIMITED

DIRECTOR

Date

Daytime Phone #

CR2F034 (5/01)