

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006682

1. Entity Name

BITRAGE INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90110 020 \*\*\*158.75

Principal Place of Business

Mailing Address

890-13 A1A NORTH SUITE 334  
PONTE VEDRA BEACH FL 32082

890-13 A1A NORTH SUITE 334  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

100 SOUTHPARK BLVD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

CITY & STATE  
ST. AUGUSTINE FL

CITY & STATE

Zip  
32086

Country  
ST. JAMES, USA

Zip  
I

Country



DO NOT WRITE IN THIS SPACE

59-3538341

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, MICHAEL S  
~~621 SUMMER PLACE~~  
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

109 SOUTH BEND DR.

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

*Michael S. Newman*

11 JAN 2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
DIONNE, JAMES J  
300 SAND IRON CIRCLE NO 318-  
PONTE VEDRA BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
NEWMAN, MICHAEL S  
621 SUMMER PLACE  
PONTE VEDRA BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~DIRECTOR~~  
~~E.C. DEM~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500 SAND IRON CIRCLE No 524  
32082

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
109 SOUTH BEND DRIVE  
32082

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
E.C. DEMETRIOU DIRECTOR  
4 PSILANTOU 30  
ATHENS, 11521 GREECE

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SHAREHOLDER & DIRECTOR  
RAYMOND CASRO  
7759 SADLER AVENUE  
MT. DORA, FL 32757

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SHAREHOLDER & DIRECTOR  
CHRISTOPHER BRADY  
70 EAST 55TH ST. 2ND FLOOR  
NEW YORK, NY 10022

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Michael S. Newman* V.P.

11 JAN 2000

904 808 0656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)