

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006682

1. Entity Name  
**BITRAGE INC.**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90093 028 \*\*\*158.75

Principal Place of Business <b>100 SOUTHPARK BLVD. SUITE 400 SAINT AUGUSTINE FL 32086</b>	Mailing Address <b>100 SOUTHPARK BLVD. SUITE 400 SAINT AUGUSTINE FL 32086</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3538341</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <b>XX</b>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**NEWMAN, MICHAEL S  
109 SOUTH BEND DRIVE  
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name  
**Holland & Knight LLP, Attn James Main**  
Street Address (P.O. Box Number is Not Acceptable)  
**50 N. Laura St., Ste. 3900**  
City  
**Jacksonville,** **FL** Zip Code  
**32202**

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 **Michael S. Newman, Vice President 1-23-01**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD DIONNE, JAMES J 500 SAND IRON CIRCLE NO. 524 PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD NEWMAN, MICHAEL S 109 SOUTH BEND DRIVE PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENETROU, E C 4 PSILAN TOU 30 GREECE</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CASTRO, RAYMOND 7759 SADLER AVENUE MOUNT DORA FL 32757</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRADY, CHRISTOPHER 70 EAST 55TH STREET, 2ND FLOOR NEW YORK NY 10022</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD E.C. Demetriou Ypsilantou 30 Athens, 11521 Greece</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>398 Freeman St. Longwood, FL 32750</b>
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"/> Change <input type="checkbox"/> 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, Vice President 1-23-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)