

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90128 001 \*\*\*\*\*5.00  
01-22-2003 90128 002 \*\*\*\*\*50.00

**DOCUMENT # L00000013727**

1. Entity Name

**BITAGAS, LLC**



Principal Place of Business

**8180 NW 36 ST., SUITE 316  
MIAMI FL 33166**

Mailing Address

**8180 NW 36 ST., SUITE 316  
MIAMI FL 33166**

2. Principal Place of Business

**1920 NORTH CORP. LAKE BLVD.**

Suite, Apt. #, etc.

**Suite 203**

City & State

**WESTON FLORIDA**

Zip

**33326**

Country

**BROWARD**

3. Mailing Address

**1920 NORTH CORP. LAKE BLVD.**

Suite, Apt. #, etc.

**Suite 203**

City & State

**WESTON FLORIDA**

Zip

**33326**

Country

**Broward**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1053518**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUERNICA, EDUARDO  
8180 NW 36TH ST  
SUITE 230  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD**  
NAME **MEZERHANE, LUIS AZMOUZ**  
STREET ADDRESS **8180 NW 36TH ST., TE 316**  
CITY-ST-ZIP **MIAMI FL 33166**

☐ Delete

10. ADDITIONS/CHANGES

TITLE **PD**  
NAME **AZMOUZ, LUIS**  
STREET ADDRESS **1920 NORTH CORP. LAKE BLVD**  
CITY-ST-ZIP **WESTON FL 33326**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**08/Jan/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (10/02)