

8/21

**FILED**  
**Sep 07, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90004 009 \*\*\*\*70.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N00000007755**

1. Entity Name

**BITWAY INTERNATIONAL, INC.**

Principal Place of Business

10550 NW 77TH COURT 2ND FLOOR  
 HIALEAH GARDENS FL 33076

Mailing Address

11996 GLENMORE DRIVE  
 CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

66-105 7281

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUNEZ, ANGEL**  
**11996 GLENMORE DRIVE**  
**CORAL SPRINGS FL 33071**

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

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAICEDO, MARLEN	
STREET ADDRESS	11030 SOUTH LAKEVIEW DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORENO, IVAN DARIO	
STREET ADDRESS	CARRERA 70 #55-11	
CITY-ST-ZIP	BOGOTA COLUMBIA	
TITLE	S	<input type="checkbox"/> Delete
NAME	NUNEZ, ANGEL	
STREET ADDRESS	11996 GLENMORE DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAICEDO, MARLEN	
STREET ADDRESS	2562 WEST 60TH PLACE	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

305

Date

Daytime Phone #

CP2E037 (5/01)