

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

03-29-2001 90961 001 ***150.00
 03-29-2001 90961 002 *****8.75

DOCUMENT # P00000114533

1. Entity Name

LETSGO BITS CORPORATION

Principal Place of Business

832 N. VICTORIA PARK RD., STE. A
 FT. LAUDERDALE FL 33304

Mailing Address

832 N. VICTORIA PARK RD., STE. A
 FT. LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3501 EMERALD POINTE DR

Suite, Apt. #, etc.

303 A

City & State

City & State

Hollywood FLORIDA

Zip

Country

Zip

Country

33021

U.S.A.

4. FEI Number

0MB-1545-0003

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SERRANO, THELMO M

832 N. VICTORIA PARK RD., STE. A
 FT. LAUDERDALE FL 33304

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.

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 \$150.00

After MAY 1, 2001 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2001

Date

Daytime Phone #

651072805



DO NOT WRITE IN THIS SPACE

CR2004 (10/00)