

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000100675**1. Entity Name  
BITTERS CENTRES GP, INC.**Principal Place of Business**C/O CENTRES, INC.  
3315 N 124TH STREET SUITE E  
BROOKFIELD  
53005

WI

**Mailing Address**C/O CENTRES, INC.  
9130 S. DADELAND BLVD.  
MIAMI  
33156

FL

2. Principal Place of Business  
C/O CENTRES INC.3. Mailing Address  
C/O CENTRES INC.Suite, Apt. #, etc.  
9130 S DADELAND BLVD., #1528Suite, Apt. #, etc.  
9130 S. DADELAND BLVD., #1528

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FLCity & State  
MIAMI FL4. FEI Number  
39-1948115Applied For  
Not ApplicableZip Country  
33156 USZip Country  
33156 US5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SHEVIN ARNOLD D  
TWO DATRAN CENTER SUITE 1528  
9130 S DADELAND BLVD  
MIAMI FL  
33156 US

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 \_\_\_\_\_ 02/23/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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-ZIPTITLE ☐ Change ☒ Addition  
NAME VAST  
STREET ADDRESS CHARLTON DAVID K  
CITY-ST-ZIP 9130 S DADELAND BLVD., #1528  
MIAMI FL 33156TITLE ☐ Delete  
NAME D  
STREET ADDRESS KARL KENNETH B  
CITY-ST-ZIP 9130 S DADELAND BLVD STE 1528  
MIAMI FL 33156TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ 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 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: DAVID K. CHARLTON**

VAST 02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)