2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am **DOC⊍MENT #** p99000051348 1. Entity Name Secretary of State 04-22-2000 90084 040 ***150.00 Green Bit Systems, Inc. Principal Place of Business Mailing Address 00070424 14784 S.W. 139th Ct. 14784 S.W. 139th Ct. Miami, FL 33186 Miami, FL 33186 2. Principal Place of Business 3. Mailing Address P.O. Box 59-0833 15048 S.W. 104th St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Apt. 1915 City & State City & State 4. FEI Number Applied For Miami, FL Miami, 65-0926890 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33196 33159-0833 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15048 S.W. 104th St. Suárez, Alexis Apt. 1915 14784 S.W. 139th Ct. City Miami Zip Code <u>Mia</u>mi, FL 33186 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 Fiorida. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D/P/S/T Delete X Change Addition TITLE TITLE Suárez, Alexis NAME NAME 15048 S.W. 104th St., Apt. 1915 STREET ADDRESS 14784 S.W. 139th Ct. STREET ADDRESS CITY - ST - ZIP CITY - ST - ZJP Miami, FL 33186 Miami, FL 33196 TITLE Delete Ππ.E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Change ____ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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.

Alexis Suárez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2000

305-408-2270

Davtime Phone #

FILED

SIGNATURE: Clesin Lucis