

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91060 035 ***150.00

DOCUMENT # P99000071829

1. Entity Name
BITTIME.COM, INC.



Principal Place of Business
**4770 BISCAYNE BLVD.
SUITE 1070
MIAMI FL 33137-1604**

Mailing Address
**4770 BISCAYNE BLVD.
SUITE 1070
MIAMI FL 33137-1604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0940687**

Applied For
Not Applicable

5. 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

**GROSS, ALBERTO
4770 BISCAYNE BLVD.
SUITE 1070
MIAMI FL 33137-1604**

Name
MILGRAM, EDWARD
Street Address (P.O. Box Number is Not Acceptable)
**4770 BISCAYNE BLVD
SUITE 1070**
City **MIAMI** FL Zip Code **33137-1604**

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 **Edward Milgram, President & Secretary** **3-12-03**
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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GROSS, ALBERTO**
STREET ADDRESS **4770 BISCAYNE BLVD. STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **Officer (President & Secretary)** ☐ Change ☒ Addition
NAME **MILGRAM, EDWARD**
STREET ADDRESS **4770 BISCAYNE BLVD. STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☒ Delete
NAME **MILGRAM, JOEL**
STREET ADDRESS **4770 BISCAYNE BLVD. STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☒ Delete
NAME **BOYER, JAN**
STREET ADDRESS **4770 BISCAYNE BLVD. STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☒ Delete
NAME **SABATE, GABRIELA**
STREET ADDRESS **4770 BISCAYNE BLVD STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☐ Delete
NAME **VALDICH, LUIS**
STREET ADDRESS **4770 BISCAYNE BLVD STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **Director** ☒ Change ☐ Addition
NAME **VALDICH, LUIS**
STREET ADDRESS **5511 Sardinia Street**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **D** ☒ Delete
NAME **GUENOUN, DAVID**
STREET ADDRESS **4770 BISCAYNE BLVD STE 1070**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ 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 607, 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: **Edward Milgram** **3-12-03** **305-572-0824 x501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)