

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50370

1. Entity Name

ALITAR ASSOCIATES, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90123 040 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 21646  
FT LAUDERDALE FL 33335  
US

PO BOX 21646  
FT LAUDERDALE FL 33335-1646  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6365 TAFT ST.  
Suite, Apt. #, etc.  
3006

3. Mailing Address

6365 TAFT ST.  
Suite, Apt. #, etc.  
3006

City & State  
HOLLYWOOD FL  
Zip  
33024  
Country  
USA

City & State  
HOLLYWOOD FL  
Zip  
33024  
Country  
USA

4. FEI Number 65-0168631

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

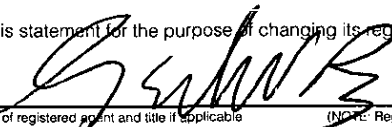
6. Name and Address of Current Registered Agent

MANZINI, NICOLAS  
44 W FLAGLER ST  
STE 2050  
MIAMI FL 33130

7. Name and Address of New Registered Agent.

Name RICHARD BASHA  
Street Address (P.O. Box Number is Not Acceptable)  
169 E. FLAGLER STREET  
#1527 ALFRED I DUPONT  
City MIAMI, FL FL Zip Code 33131

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

4-19-00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPT	BARG, GARY E	PO BOX 21646	FT LAUDERDALE FL 33335-1646	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CEO/C	BARG, GARY E.	6365 TAFT ST.	HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COO/T	BARG, STEVEN C.	6365 TAFT ST.	HOLLYWOOD, FL 33024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 GARY EDWARD BARCH 4/19/00 873-754  
Date Daytime Phone # 0550

CR2E034 (9/99)