

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000001089**Entity Name  
**ALMA SOLA DISCOUNT BEVERAGE AND FOOD, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90027 049 \*\*\*150.00

051906 AV

Principal Place of Business  
**530 CORTEZ RD W**  
**BRADENTON FL 34210**Mailing Address  
**8530 CORTEZ RD W**  
**BRADENTON FL 34210**2. Principal Place of Business  
**8530 Cortez RD**3. Mailing Address  
**8530 Cortez RD**Suite, Apt. #, etc.  
**W**City & State  
**Bradenton, FL: 34210**Zip  
**W**4. FEI Number  
**65-0740568**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CAMPISANO, ANTHONY W**  
**1800 SECOMD STREET**  
**SUITE 755**  
**SARASOTA FL 34236****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 **Mohammad Al-Thabata** **02/02/02**  
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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALTHABITA, HATIM M</b>	
STREET ADDRESS	<b>8530 CORTEZ ROAD WEST</b>	
CITY - ST - ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALTHABITA, MOHAMMAD</b>	
STREET ADDRESS	<b>8530 CORTEZ ROAD WEST</b>	
CITY - ST - ZIP	<b>BRADENTON FL 34210</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Al-Thabata, Mohammad** **02/02/02 (941) 730-6685**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)