

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

051906 AV

DOCUMENT # **P97000001089**

Entity Name  
**ALMA SOLA DISCOUNT BEVERAGE AND FOOD, INC.**

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

Principal Place of Business  
**8530 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**

Suite, Apt. #, etc.  
**W**

DO NOT WRITE IN THIS SPACE

City & State  
**Bradenton, FL: 34210**

City & State  
**Bradenton, FL: 34210**

4. FEI Number **65-0740568**

Applied For  
 Not Applicable

Zip Country  
**W**

Zip Country  
**W**

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

**CAMPISANO, ANTHONY W**  
**1800 SECOMD STREET**  
**SUITE 755**  
**SARASOTA FL 34236**

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** *[Signature]* **02/02/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible - Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALTHABITA, HATIM M</b> <b>8530 CORTEZ ROAD WEST</b> <b>BRADENTON FL 34210</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALTHABITA, MOHAMMAD</b> <b>8530 CORTEZ ROAD WEST</b> <b>BRADENTON FL 34210</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ALTHABITA, MOHAMMAD** *[Signature]* **02/02/02 (941) 730-6688**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)