

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 Mailing Address
8530 CORTEZ RD W 8530 CORTEZ RD W
BRADENTON FL 34210 BRADENTON FL 34210



2. Principal Place of Business 3. Mailing Address
8530 Cortez RD 8530 Cortez RD

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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0740568** Applied For
 Not Applicable

Zip Country Zip Country

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

TITLE	D <input type="checkbox"/> Delete
NAME	ALTHABITA, HATIM M
STREET ADDRESS	8530 CORTEZ ROAD WEST
CITY-ST-ZIP	BRADENTON FL 34210
TITLE	D <input type="checkbox"/> Delete
NAME	ALTHABITA, MOHAMMAD
STREET ADDRESS	8530 CORTEZ ROAD WEST
CITY-ST-ZIP	BRADENTON FL 34210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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-Thabita, Mohammad** **02/02/02 (941) 730-6688**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)