

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039234

1. Entity Name
BITHI, CORPORATION

Principal Place of Business

2110 N. DIXIE HWY.
LAKE WORTH FL 33460

Mailing Address

2110 N. DIXIE HWY.
LAKE WORTH FL 33460-6259

2. Principal Place of Business

5000 LAKE NORTH ROAD

3. Mailing Address

1920, 19TH LANE

Suite, Apt. #, etc.

5-506

Suite, Apt. #, etc.

City & State

GREEN ACRES, FLORIDA

City & State

GREEN ACRES

Zip

Country

33463

U.S.A.

Zip

Country

FL- 33463

U.S.A.

4. FEI Number

65-0832430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHMED, IDRISH
2110 N DIXIE HWY
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **IDRISH AHMED**

Street Address (P.O. Box Number is Not Acceptable)

1920, 19TH LANE

GREEN ACRES

FL- 33463

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04-01-2000**

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	P AHMED, IDRISH 2110 N DIXIE HWY LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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

04-01-2000

Date

Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90104 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)