

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039234

1. Entity Name

BITHI, CORPORATION

Principal Place of Business

5000 LAKE WORTH RD
#S-506
GREEN ACRES FL 33463
US

Mailing Address

1920 19TH LANE
GREEN ACRES FL 33463
US

2. Principal Place of Business

3. Mailing Address

8253, White Rock circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, Florida

Zip

Country

Zip

Country

33436

U.S.A

6. Name and Address of Current Registered Agent

AHMED, IDRISH
1920 19TH LANE
GREEN ACRES FL 33463

7. Name and Address of New Registered Agent

Name

IDRISH AHMED

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

8253, White Rock circle

City

Boynton Beach

FL

Zip Code

33436

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

IDRISH AHMED

(NOTE: Registered Agent signature required when reinstating)

DATE

04-07-2001

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS AHMED, IDRISH
CITY-ST-ZIP 2110 N DIXIE HWY
LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2001

Date

(561) 628-7557

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90051 033 ***150.00

642218



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)