

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90050 005 ***150.00

0380847 AV

DOCUMENT # P98000039234

1. Entity Name
BITHI, CORPORATION

Principal Place of Business
5000 LAKE WORTH RD
#S-506
GREEN ACRES FL 33463
US

Mailing Address
8253 WHITE ROCK CIRCLE
BOYNTON BEACH FL 33436
US



2. Principal Place of Business
1489 N. Military Trail
 Suite, Apt. #, etc. **# 115**

3. Mailing Address
8253, White Rock circle
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **West palm Beach**

City & State **Boynton Beach**

4. FEI Number **65-0832430**

Applied For
 Not Applicable

Zip **FL-33409** Country **palm Beach**

Zip **FL-33436** Country **U.S.A**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AHMED, IDRISH
8253 WHITE ROCK CIRCLE
BOYNTON BEACH FL 33436

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.

(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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDRISH AHMED	
STREET ADDRESS	8253, White Rock circle	
CITY-ST-ZIP	Boynton Beach, FL-33436	
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
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:

IDRISH AHMED

03-27-02

561-628-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)