

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028795

1. Entity Name

ALTHABITA, INC.

Principal Place of Business

5600 GULF OF MEXICO DRIVE
LONG BOAT KEY FL 34228

Mailing Address

5600 GULF OF MEXICO DRIVE
LONG BOAT KEY FL 34228-1906

2. Principal Place of Business

Long Boat Key Four miles

Suite, Apt. #, etc.

3. Mailing Address

5600 Gulf of Mexico

Suite, Apt. #, etc.

City & State

Long Boat Key

City & State

Florida

Zip

34228

Country

U.S.A

Zip

Country

4. FEI Number

65-0913002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, JAMES D JR.
1111 THIRD AVENUE WEST STE. 150
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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

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, 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	D	<input type="checkbox"/> Delete
NAME	ALTHABITA, HATIM	
STREET ADDRESS	1006-64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTHABATA, MOHAMMAD	
STREET ADDRESS	1006-64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	new Address	<input type="checkbox"/> Delete
NAME	8707 44th Ave Dr W	
STREET ADDRESS	BRADGTON FL 34210	
CITY-ST-ZIP	8707 44th AV Dr W	
NAME	BRADGTON	<input type="checkbox"/> Delete
STREET ADDRESS	FL 34210	
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		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

HATIM ALTHABITA

1-17-2000

941-383-656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90078 031 ***150.00



DO NOT WRITE IN THIS SPACE