

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082813

1. Entity Name
ALTIMA INTERNATIONAL REALTY, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 029 ***558.75

Principal Place of Business

245A WORTH AVENUE
PALM BEACH FL 33480

Mailing Address

245A WORTH AVENUE
PALM BEACH FL 33480

2. Principal Place of Business

245 WORTH AVE
Suite, Apt. #, etc.

3. Mailing Address

245 WORTH AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Palm Beach FL Palm Beach FL 4. FEI Number 65-0966170 Applied For ☐ Not Applicable ☒

Zip 33480 Country USA Zip 33480 Country USA 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASPARI, CHARLES M
3520 EMBASSY DRIVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name MAURA T LANDERS

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME LANDERS, MAURA T
STREET ADDRESS 2 OCEAN LANE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

Date

Daytime Phone #

7/13/00 561 655 3454