

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 018 ***150.00

A0031083

DO NOT WRITE IN THIS SPACE

DOCUMENT # **524189**

1. Entity Name

ALBADER TRAVEL & TOURISM INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

509 S. OSCEOLA AVE.

Suite, Apt. #, etc.

P.O. BOX 568854

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3103789

Applied For

Not Applicable

Zip

32807

Country

ORANGE

Zip

32856

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAJA ASSAL

509 S. OSEOLA AVE.

ORLANDO, FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RAJA ASSAL	
STREET ADDRESS	509 S. OSEOLA AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ALDORERI, BADER YOUSIF	
STREET ADDRESS	MANAMA- BAHRAIN	
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	ALDOSERI, KHALID YOUSIF	
STREET ADDRESS	MANAMA- BAHRAIN	
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	FARLDA SULTAN	
STREET ADDRESS	3251 LK. GEORGE COVE	
CITY-ST-ZIP	ORLANDO, FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/2000 841-9173

CR2E034 (9/99)