

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90072 003 ***150.00

DOCUMENT # S54954

1. Entity Name

HUMAN SERVICES SUPPORT SYSTEM, INC.

Principal Place of Business

1790 S.W. 27TH AVENUE
MIAMI FL 33145
US

Mailing Address

1790 S.W. 27TH AVENUE
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0285406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALTMAN, DAVID B.
429 POINCIANA ISLAND DR
MIAMI FL 33160

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VCD** ☐ Delete
NAME **ALTMAN, STUART**
STREET ADDRESS **3802 NE 207 ST, #602**
CITY-ST-ZIP **MIAMI FL 33180**TITLE **SD** ☐ Delete
NAME **LINEVSKY, RICHARD**
STREET ADDRESS **2735 HACKNEY RD**
CITY-ST-ZIP **WESTON FL 33331**TITLE **CD** ☐ Delete
NAME **FINE, MARTIN**
STREET ADDRESS **58 SAMANA DR**
CITY-ST-ZIP **MIAMI FL 33133**TITLE **P** ☐ Delete
NAME **SALTMAN, DAVID**
STREET ADDRESS **429 POINCIANA ISLAND DR**
CITY-ST-ZIP **MIAMI FL 33160**TITLE **TD** ☐ Delete
NAME **GRETENSTEIN, STEVEN**
STREET ADDRESS **436 BARGELLO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE **D** ☐ Delete
NAME **SLAVIN, RICHARD**
STREET ADDRESS **3000 ISLAND BLVD TH-3**
CITY-ST-ZIP **AVENTURA FL 33160**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)