

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48067

1. Entity Name

ALTERMAN CORPORATION

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90006 028 \*\*\*150.00

Principal Place of Business

12805 N.W. 42ND AVE  
OPA LOCKA FL 33054

Mailing Address

12805 N.W. 42ND AVE  
OPA LOCKA FL 33054-4401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2751120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTERMAN, JOHN  
12805 N.W. 42ND AVE.  
OPA LOCKA FL 33054

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	PD	Delete
NAME	ALTERMAN, SIDNEY	
STREET ADDRESS	12805 N.W. 42ND AVE.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKNIGHT, L.W.	
STREET ADDRESS	12805 N.W. 42ND AVE.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ALTERMAN, JOHN</del>	
STREET ADDRESS	<del>12805 N.W. 42ND AVE.</del>	
CITY-ST-ZIP	<del>OPA LOCKA FL</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALTERMAN, RICHARD	
STREET ADDRESS	12805 N.W. 42ND AVE.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTERMAN, BRYAN	
STREET ADDRESS	12805 N.W. 42ND AVE.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVIGNI, ROY	
STREET ADDRESS	12805 N.W. 42ND AVE.	
CITY-ST-ZIP	OPA LOCKA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	UTD	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (9/99)