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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/16/03--01045--003 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029547

1. Entity Name
ALTERMAN MANAGEMENT SERVICES LLC

Principal Place of Business	Mailing Address
12805 NW 42 AVENUE OPA LOCKA, FL 33054	12805 NW 42 AVENUE OPA LOCKA, FL 33054

2. Principal Place of Business		3. Mailing Address	
11900 Biscayne Blvd.		11900 Biscayne Blvd.	
Suite, Apt. #, etc.: Suite 292		Suite, Apt. #, etc.: Suite 292	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33181	Country: Miami-Dade	Zip: 33181	Country: Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 42-1570975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BOULEVARD, STE 1000 FORT LAUDERDALE, FL 33301	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: sole member/manager NAME: Richard Alterman STREET ADDRESS: 11900 Biscayne Blvd., #292 CITY-ST-ZIP: Miami, FL 33181	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 7/14/03 305-891-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Richard Alterman, sole member/manager