

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90141 002 ****70.00

DOCUMENT # N14771

1. Entity Name

THE ALTERNATIVE PROGRAMS, INC.

Principal Place of Business

151 N.W. 60TH STREET
 PO BOX 510266
 MIAMI FL 33127
 US

Mailing Address

P O BOX 510266
 PO BOX 510266
 MIAMI FL 33151-0266
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2690657

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

AYERS, GEORGIA JONES
 2475 NW 111TH STREET
 MIAMI FL 33167

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AS ☐ Delete
 NAME ROGERS, WILMA
 STREET ADDRESS 2017 N.W. 55TH TERRACE
 CITY-ST-ZIP MIAMI FL 33142

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

TITLE TD ☐ Delete
 NAME ABBOTT, DALTON
 STREET ADDRESS 1940 NW 186TH DR.
 CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE SD ☐ Delete
 NAME REED, KAYE
 STREET ADDRESS 1340 N.W. 193RD TERRACE
 CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete
 NAME ELLIS, GEORGE
 STREET ADDRESS 1055 NW 52ND STREET
 CITY-ST-ZIP MIAMI FL

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

TITLE PD ☐ Delete
 NAME RANGE, M. A
 STREET ADDRESS 1031 NW 87TH STREET
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
 NAME ODEN, WALTER
 STREET ADDRESS 3300 NW 27TH AVENUE
 CITY-ST-ZIP MIAMI FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Georgia J. Ayers **Georgia J. Ayers**

01/16/01

(305) 758-4187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)