

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90172 033 ****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

Zip

Country

Zip

Country

4. FEI Number **59-2690657**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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: *M. Athaier Range* **M. ATHAIER RANGE**

2/13/03

305-691-4343

Date

Daytime Phone #

CR2E037 (10/02)