

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90003 028 ***550.00

DOCUMENT # P00000000342

1. Entity Name

ALTERNATIVA-M, INC.



Principal Place of Business

2290 N.E. 197th Street
 Miami, FL 33180

Mailing Address

2290 N.E. 197th Street
 Miami, FL 33180

2. Principal Place of Business

89 Kennedy Avenue

3. Mailing Address

3400 N.E. 192nd Street

Suite, Apt. #, etc.
 Office 201

Suite, Apt. #, etc.
 Suite 1504

City & State
 Nicosia

City & State
 Aventura, FL

4. FEI Number
 65-0975923

Applied For
 Not Applicable

Zip
 1640

Country
 Cyprus

Zip
 33180

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Igor N. Morozov
 2290 N.E. 197th Street
 Miami, FL 33180

7. Name and Address of New Registered Agent

Name
Marina Amis
 Street Address (P.O. Box Number is Not Acceptable)
 3400 N.E. 192nd Street, #1504
 City
Aventura FL Zip Code
33180

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 *Marina Amis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6.26.2001

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PS
Morozov, Igor
2290 N.E. 197th Street
Miami, FL 33180 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
Amis, Marina
3400 N.E. 192nd Street, #1504
Aventura, FL 33180 ☒ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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: *Marina Amis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.26.01

Date

305-788-4660

Daytime Phone #

CR2E034 (11/00)