

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90026 026 ***150.00

0332852 AV

DOCUMENT # **P00000046417**

1. Entity Name

ALTERNATIVE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

**300 NW 82ND AVENUE #505
FT LAUDERDALE FL 33324**

Mailing Address

**300 NW 82ND AVENUE #505
FT LAUDERDALE FL 33324**

753524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7060 SW 22nd Ct

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 460153

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

FT. LAUD., FL.

4. FEI Number

65-1009143

Applied For

Not Applicable

Zip
33317

Country
U.S.A.

Zip
33346

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUSNICK, HOWARD A

**300 NW 82ND AVENUE #505
FT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name

Paul F. Baker

Street Address (P.O. Box Number is Not Acceptable)

1101 NW 29th Ct.

City

WILTON MANORS, FL.

FL

Zip Code

33311

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

Paul F. Baker

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, 2002 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 **D** NAME **KUSNICK, HOWARD A** STREET ADDRESS **300 NW 82ND AVENUE #505** CITY-ST-ZIP **FT LAUDERDALE FL 33324** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** NAME **Paul F. Baker** STREET ADDRESS **1101 NW 29th Ct.** CITY-ST-ZIP **WILTON MANORS, FL.** ☒ Change ☒ Addition

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/02 954-410-9296

CR2E034 (9/01)