

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90048 035 \*\*\*150.00

**DOCUMENT # P00000067833**

1. Entity Name  
**ALTER NATIVE INDUSTRIES, INC.**

Principal Place of Business  
**14335 S.W. 142ND STREET**  
**MIAMI FL 33186**

Mailing Address  
~~**14335 S.W. 142ND STREET**~~  
~~**MIAMI FL 33186**~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1630 SW 1st Ave #6C**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL.**

Zip

Country

Zip

Country

**33129 Dade**

4. FEI Number **65-1031571**

Applied For

Not Applicable

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

~~**BREEDLOVE, AREANNE L CPA**~~  
~~**1145 101 ST. ST. #3**~~  
~~**BAY HARBOR FL 33154**~~

Name **Ricardo Poirier**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1630 SW 1st Ave. #6-C**  
 City **Miami** FL Zip Code **33129**

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

**Ricardo Poirier**

**4/29/2002**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
 NAME **POIRIER, RICARDO J** ☐ Delete  
 STREET ADDRESS **14335 S.W. 142ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VP/D**  
 NAME **Maria Albeiruz** ☐ Change ☒ Addition  
 STREET ADDRESS **1630 SW 1st Ave. #6-C**  
 CITY-ST-ZIP **Miami, FL. 33129**

TITLE **D**  
 NAME **MONTOYA, NELSON** ☒ Delete  
 STREET ADDRESS **1145 101 ST. #3**  
 CITY-ST-ZIP **BAY HARBOR FL 33154**

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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 **Ricardo Poirier** **4/29/02** **(305) 860-0980**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)