

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90015 034 ***158.75

04/13/02 AV

DOCUMENT # P01000066690

1. Entity Name
ALT FINANCIAL SERVICES, INC.

Principal Place of Business

**1987 NW 87TH COURT #201
 MIAMI FL 33172**

Mailing Address

**1987 NW 87TH COURT #201
 MIAMI FL 33172**

2. Principal Place of Business

**1987 N.W. 88th Court
 Suite, Apt. #, etc.
 Ste 201**

3. Mailing Address

**1987 N.W. 88th Court
 Suite, Apt. #, etc.
 Ste 201**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1121734

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SUNMED, INC.
 1987 NW 87TH COURT #201
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **Alexander Tirado**
 Street Address (P.O. Box Number is Not Acceptable)
**1987 N.W. 88th Court
 Ste 201**
 City **Miami** FL Zip Code **33172**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/12/02**

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRADO, ALEXANDER	NAME	
STREET ADDRESS	1987 NW 88TH COURT #201	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL J MD	NAME	
STREET ADDRESS	1987 NW 88TH COURT #201	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	Rouder M. Tirado
CITY-ST-ZIP		CITY-ST-ZIP	1987 NW 88th Court # 201
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Date

Daytime Phone #

4/12/02 (309426-9300)

CR2E034 (9/01)