

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90621 042 ***150.00

DOCUMENT # P01000073831

1. Entity Name
ALTA BUSINESS STRATEGIES, INC.

Principal Place of Business
600 NW TENNIS CLUB DR.
FT. LAUDERDALE FL 33311

Mailing Address
P.O. BOX 5563
FT. LAUDERDALE FL 33310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1121445	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHOMER, ROBERT B 660 NW TENNIS CLUB DR., #107 FT. LAUDERDALE FL 33311		7. Name and Address of New Registered Agent Name Malinda E. Kirby Street Address (P.O. Box Number is Not Acceptable) 660 NW 19th St #107 City FT LAUDERDALE FL Zip Code 33311	
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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 Malinda E. Kirby DATE 4/22/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOMER, ROBERT B 660 NW TENNIS CLUB DR. #107 FT. LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, Director Shomer, Robert B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRBY, MALINDA E 660 NW TENNIS DR #107 FT. LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, CEO, Director Kirby, Malinda E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: Malinda E. Kirby DATE 4/22/02 DAYTIME PHONE # (954) 525-3134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)