

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90032 003 ***158.75

DOCUMENT # P01000122323
1. Entity Name
ALPHA & OMEGA TOTAL MANAGEMENT SOLUTIONS, INC.

Principal Place of Business **Mailing Address**
655 SW 27TH AVENUE **655 SW 27TH AVENUE**
#15 **#15**
FORT LAUDERDALE FL 33312 **FORT LAUDERDALE FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
665 SW 27 AVENUE **665 SW. 27 AVENUE**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
#15 **#15**

City & State **City & State**
FORT LAUDERDALE FL. **FORT LAUDERDALE FL.**

4. FEI Number **Applied For**
04-3588789 **Not Applicable**

Zip **Country** **Zip** **Country**
33312 **BROWARD** **33312** **BROWARD**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 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. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **D**
STREET ADDRESS **BARTHELMAS, CRAIG N**
CITY-ST-ZIP **2400 W. BROWARD BOULEVARD, LOT 306**
FT. LAUDERDALE FL 33312

TITLE ☒ **Change** ☐ **Addition**
NAME **P/D**
STREET ADDRESS **CRAIG N. BARTHELMAS**
CITY-ST-ZIP **2400 W. BROWARD BLVD LOT 306**
FT LAUDERDALE FL 33312

TITLE ☒ **Delete**
NAME **D**
STREET ADDRESS **BEAUMONT, ROZANNA**
CITY-ST-ZIP **5986 S.W. 112 LANE**
COOPER CITY FL 33330

TITLE ☐ **Change** ☒ **Addition**
NAME **D**
STREET ADDRESS **ROBERT C. WAGNER**
CITY-ST-ZIP **10924 BUCKINGHAM**
ALLEN PARK MI 48101

TITLE ☐ **Delete**
NAME **D**
STREET ADDRESS **BARTHELMAS, DELORSE J**
CITY-ST-ZIP **2400 W. BROWARD BOULEVARD, LOT 306**
FT. LAUDERDALE FL 33312

TITLE ☒ **Change** ☐ **Addition**
NAME **T/S/D**
STREET ADDRESS **DELORSE J. BARTHELMAS**
CITY-ST-ZIP **2400 W. BROWARD BLVD. LOT 306**
FT LAUDERDALE FL 33312

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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: *Craig N. Barthelmas* **PRESIDENT CRAIG N. BARTHELMAS** **04-28-02** **954-584-0084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)