

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90029 022 ***550.00

DOCUMENT # P05000112102

1. Entity Name

Special and Alternative Products, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2555 Ponce De Leon Blvd

3. Mailing Address

P.O. Box 14-4888

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.

Zip

3314-4888

Country

U.S.

4. FEI Number

20-3436303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John C. Sullivan

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

2555 Ponce De Leon Blvd. #320

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

John C. Sullivan
Signature, typed or printed name of registered agent and title if applicable

John C. Sullivan

(NOTE: Registered Agent signature required when reinstating)

June 20, 2006

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Director - President
Daniel Gedance
2555 Ponce De Leon Blvd #320
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Gedance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 2006

DATE

Daytime Phone #

CR2E034B (12/01)