


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

06-08-2004 90001 024 \*\*\*250.00

**DOCUMENT # P95000046942**

1. Entity Name  
**UNITED ALTERNATIVES, INC.**



Principal Place of Business: **882 NE 79TH STREET MIAMI, FL 33138 US**

Mailing Address: **882 NE 79TH STREET MIAMI, FL 33138 US**

**DO NOT WRITE IN THIS SPACE**



03212003 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0607639</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAMM, ARTHUR W JR  
 1000 NE LITTLE RIVER DRIVE  
 MIAMI, FL 33138**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

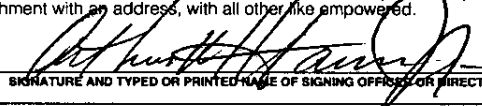
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMM, ARTHUR W JR
STREET ADDRESS	1000 NE LITTLE RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	HAMM, RACHELLE
STREET ADDRESS	1000 N.E. LITTLE RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	GRODE, HARVEY
STREET ADDRESS	1121 WINDERMERE DRIVE
CITY-ST-ZIP	WILSON, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/04 305 758-9284  
 Date Daytime Phone #