

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-27-2006 90255 045 ***163.75

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



2. Principal Place of Business

Suite, Apt. #, etc.

SAME

3. Mailing Address

Suite, Apt. #, etc.

SAME

1st MOORE CR2E034 (10/05)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0607639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required *OK*

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D <i>PRESIDENT</i> <i>OK</i> | <input type="checkbox"/> Delete |
| NAME | HAMM, ARTHUR W JR | |
| STREET ADDRESS | 1000 NE LITTLE RIVER DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D <i>Secretary</i> <i>OK</i> | <input type="checkbox"/> Delete |
| NAME | HAMM, RACHELLE | |
| STREET ADDRESS | 1000 N.E. LITTLE RIVER DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GRODE, HARVEY | |
| STREET ADDRESS | 1121 WINDERMERE DRIVE | |
| CITY-ST-ZIP | WILSON NC 27896 <i>decided</i> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|---|
| TITLE | GRODE, MIRIAM <i>Director</i> <i>OK</i> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRODE, MIRIAM | |
| STREET ADDRESS | 1121 WINDERMERE | |
| CITY-ST-ZIP | WILSON NC 27896 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Arthur W. Hamm, Jr.* *OK* **ARTHUR W. HAMM - JR** *3/15/06* *(305)* **758-9284**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #