FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090082

1. Entity Name

ALTERNATIVE RECOVERY SERVICES INC.

SIGNATURE: L

FILED May 16, 2002 8:00 am Secretary of State

05-16-2002 90054 001 ***150.00

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the state of the state of	DO NOT WRITE	IN THIS S	PAGE	就是	
	Place of Business	3. Mailing Address			
Suite Ar	D. W. OAKLAND PARK BOOK #, etc.		KLAND PARK BL	4	
#209		Suite, Apt. #, etc. # 209		DO NOT WRITE IN THIS SPACE	
City & St	ate	City & State			· · · · · · · · · · · · · · · · · · ·
Ft. L	AUDERDALE, FL	FT LAUDERT	PALE, FL	4. FEI Number	Applied For
Zip	Country	Zip	Country	65-0702595	Not Applicable
335	311 U.S.A.	33311	U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			A Caraca Caraca	7. Name and Address of Current Rec	
	DONOTA		Name VICTOR	VILLANGEVA	e e e e e e e e e e e e e e e e e e e
	DO NOT WI		Street Address (P.O. Box Number is Not Acceptable)	
opi i para Carinta di La	IN THIS SPA	ACE	- 3087 N	W 123 AUE.	
	and the same that the same tha		Service &		
			City		7in Code
8. The above	e named entity submits this statement for the	ARING CONTRACTOR NATIONAL COLUMN	City SUNR	158	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.					
SICNATURE					
SIGNATURE					
9. This corporation is eligible to satisfy its Intangible January 1 May 1 Fee: In \$150.00					
Tax filing	requirement and elects to do so.	. After May	1. Fee is \$550.00	10. Election Campaign Financi	na ¢5 00 .
(See crite	eria on back)	Amender	I UBR is \$61.25 Is to Department of Stat	Truct Fund Contain at	ng \$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	Company of the latter than the second of the		
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NAME	VICTOR VILLANGEUA		NAME: State of the last of the	granter on all frames ship and the same ship and	
STREET ADDRESS	3087 NW 123 AUE.		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		CITY ST-ZIP		
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STREET ADDRESS	THOMAS COCHRADE ISIS N. ST TERRACE HOLLYWOOD FL 33021		NAME AND ADDRESS OF THE PARTY O		
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NAME -	PATRICIA NOVAK		ITILE NAME OF THE PARTY OF	Section Control of the section of th	
STREET ADDRESS	ISIS N. ST TERRACE		STREET ADDRESS		
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3. I hereby co	ertify that the information supplied with this	filing does not qualify for the	TO THE RESERVE OF THE PERSON O	00 110 07/3/0 5	Almonton and production of the second
3. 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 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 17 or on an					
attachment with an address, with all other like empowered.					