

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

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

05-16-2002 90054 001 ***150.00

DOCUMENT # **P96000090082**

1. Entity Name

ALTERNATIVE RECOVERY SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2880 W. OAKLAND PARK BL

Suite, Apt. #, etc.

209

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

U.S.A.

3. Mailing Address

2880 W. OAKLAND PARK BL

Suite, Apt. #, etc.

209

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0702595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VICTOR VILLANUEVA

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

3087 NW 123 AVE.

City

SUNRISE

FL

Zip Code

33322

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.
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$850.00

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
PD	VICTOR VILLANUEVA	3087 NW 123 AVE.	SUNRISE, FL 33322
VD	THOMAS COCHRANE	1515 N. 57 TERRACE	HOLLYWOOD, FL 33021
SD	PATRICIA NOVAK	1515 N. 57 TERRACE	HOLLYWOOD, FL 33021

**DO NOT WRITE
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:

Patricia A. Novak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

954-733-8040