

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90311 016 \*\*\*150.00

**DOCUMENT # P97000009491**

1. Entity Name  
**ALTEMAN & OLIVER GROUP, INC.**

Principal Place of Business <b>3961 N FEDERAL HWY          POMPANO BEACH FL 33064          US</b>	Mailing Address <b>3961 N FEDERAL HWY          POMPANO BEACH FL 33064-6042          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0727073</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FRANCA, JULIANA  
 3961 N FEDERAL HWY  
 POMPANO BEACH FL 33064**

Name: **AQUILINO - JULIANA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3961 N. FED HWY**  
 City: **Pompano Beach FL** Zip Code: **33064**

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: *Juliana Franca* DATE: **4/28/00**  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANCA, JULIANA</b>		NAME	
STREET ADDRESS <b>3961 N FEDERAL HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, SONIA</b>		NAME	
STREET ADDRESS <b>3961 N FEDERAL HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AQUILINO, JOSE</b>		NAME	
STREET ADDRESS <b>3961 N FEDERAL HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AQUILINO, JOSE</b>		NAME	
STREET ADDRESS <b>3961 N FEDERAL HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: *Juliana Franca* DATE: **4/24/00** 754-2180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)