

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90178 007 ***158.75

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DOCUMENT # P97000009491

1. Entity Name

ALTEMAN & OLIVER GROUP, INC.

Principal Place of Business

3961 N FEDERAL HWY
 POMPANO BEACH FL 33064
 US

Mailing Address

3961 N FEDERAL HWY
 POMPANO BEACH FL 33064
 US

00035095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0727073

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANCA, JULIANA
 3961 N FEDERAL HWY
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **JULIANA AQUILINO**
 Street Address (P.O. Box Number is Not Acceptable)
3961 N. Federal 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 Aquilino

04/09/01

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	FRANCA, JULIANA	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SONIA	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	AQUILINO, JOSE	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	AQUILINO, JOSE	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIANA AQUILINO	
STREET ADDRESS	3961 N. FED HWY	
CITY-ST-ZIP	POMPANO BEACH - FL 33064	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE AQUILINO	
STREET ADDRESS	3961 N. FED HWY	
CITY-ST-ZIP	POMPANO BEACH - FL 33064	
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		

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 Aquilino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01 (954) 786-7160

DATE

DAYTIME PHONE #

CR2E034 (10/00)