

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095072

1. Entity Name

ALTERNATIVE SOLUTIONS INTERNATIONAL, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90039 006 ***150.00

Principal Place of Business

Mailing Address

2011 NW 89TH PLACE
MIAMI FL 33172

2011 NW 89TH PLACE
MIAMI FL 33172-2619

2. Principal Place of Business

8245 NW 36 ST.

3. Mailing Address

13821 SW 102 TERR

Suite, Apt. #, etc.

540

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33186

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0792700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISA, JORGE A
13821 S.W. 102ND TERRACE
MIAMI FL 33186

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	ISA, JORGE A	13821 S.W. 102ND TERRACE MIAMI FL 33186				
	D	ISA, CALY R	13821 S.W. 102ND TERRACE MIAMI FL 33186				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/00

Date

305-994-7706

Daytime Phone #

CR2E034 (9/99)