

'2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90078 012 ***150.00

DOCUMENT # P98000037419

1. Entity Name
ALTERNATIVE BIOMEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
 2326 WEST 78TH STREET 2326 WEST 78TH STREET
 MIAMI FL 33016 MIAMI FL 33016-5526
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0837030** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PINO, RAUL F ESQ
2440 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	TD GONZALEZ, INOCENCIO 15100 NW 91ST COURT MIAMI FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDEZ, AUGUSTIN JR 15113 NW 91 COURT MIAMI FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGUSQUIZA, ROBERT 12815 SW 76TH TERRACE MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEADO, JULIO C 20154 SW 131 COURT MIAMI FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JR, LUIS P.O. BOX 291734 DAVIE FL 33329-1734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAVAN, ELLEN M P.O. BOX 291734 DAVIE FL 33329-1734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

Address change → (pointing to Rodriguez, Jr, Luis)
Address change → (pointing to Lavan, Ellen M)

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: _____ DATE: **3/8/00** DAYTIME PHONE #: **558-4910**
Luis Rodriguez, Jr., President

CR2E034 (9/99)