

'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

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINO, RAUL F ESQ
2440 CORAL WAY
MIAMI FL 33145

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. (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 **TD** Delete
 NAME **GONZALEZ, INOCENCIO**
 STREET ADDRESS **15100 NW 91ST COURT**
 CITY-ST-ZIP **MIAMI FL 33018**

TITLE **Sec., Director** Change Addition
 NAME **Alexander Gonzalez**
 STREET ADDRESS **15100 NW 91 COURT**
 CITY-ST-ZIP **Miami, FL 33018**

TITLE **SD** Delete
 NAME **VALDEZ, AUGUSTIN JR**
 STREET ADDRESS **15113 NW 91 COURT**
 CITY-ST-ZIP **MIAMI FL 33012**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **EGUSQUIZA, ROBERT**
 STREET ADDRESS **12815 SW 76TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **CARNEADO, JULIO C**
 STREET ADDRESS **20154 SW 131 COURT**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **PD** Delete
 NAME **RODRIGUEZ, JR, LUIS**
 STREET ADDRESS **P.O. BOX 291734**
 CITY-ST-ZIP **DAVIE FL 33329-1734**

TITLE **P/D Rodriguez, Jr. Luis** Change Addition
 NAME **15911 Sedgewyck Circle North**
 STREET ADDRESS **DAVIE, Florida 33331**
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **LAVAN, ELLEN M**
 STREET ADDRESS **P.O. BOX 291734**
 CITY-ST-ZIP **DAVIE FL 33329-1734**

TITLE **V PD LAVAN, ELLEN M** Change Addition
 NAME **15911 Sedgewyck Circle North**
 STREET ADDRESS **DAVIE, Florida 33331**
 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: **Luis Rodriguez, Jr., President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/8/00** Daytime Phone # **558-4910**
305-4981267

CR2E034 (9/99)