

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91423 049 ***150.00

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DOCUMENT # P98000037419

1. Entity Name

ALTERNATIVE BIOMEDICAL SERVICES, INC.

Principal Place of Business

**2326 WEST 78TH STREET
 MIAMI FL 33016
 US**

Mailing Address

**2326 WEST 78TH STREET
 MIAMI FL 33016
 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

**PINO, RAUL F ESQ
 2440 CORAL WAY
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Rutherford, Mulhall & Wargo, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2600 N. Military Trail
4th Floor
 City **BOCA RATON** FL Zip Code **33431**

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.

Stephen A. Mendelsohn, as Agent for

3/12/02

(NOTE: Registered Agent signature required when reappointing)

DATE

Rutherford, Mulhall & Wargo, P.A.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, INOCENCIO 16368 NW 86 COURT MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, ALEXANDER 16368 NW 86 COURT MIAMI LAKES FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGUSQUIZA, ROBERT 15532 SW 95 LANE MIAMI FL 33196 <input type="checkbox"/> Delete
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	PD RODRIGUEZ, JR, LUIS 15911 SEDGEWYCK CIRCLE NORTH FORT LAUDERDALE FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAVAN, ELLEN M 15911 SEDGEWYCK CRICLE NORTH FORT LAUDERDALE FL 33331 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Alexander Gonzalez, Sec. 3/8/02 305558 4996

Date

Daytime Phone #

CR2E034 (9/01)