

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000047226

1. Entity Name
UNIVERSAL ALTERNACARE INSTITUTE, INC.

Principal Place of Business	Mailing Address
3101 N. FEDERAL HIGHWAY SUITE 302 FT. LAUDERDALE FL 33306	3101 N. FEDERAL HIGHWAY SUITE 302 FT. LAUDERDALE FL 33306

2. Principal Place of Business	3. Mailing Address
2480 E COMMERCIAL BLVD	2480 EAST COMMERCIAL BLVD

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

City & State	City & State
FT. LAUDERDALE FL	FT LAUDERDALE FL

Zip	Country	Zip	Country
33308		33308	

4. FEI Number	Applied For
65-0922010	Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHBERG ALAN
3101 N. FEDERAL HIGHWAY
SUITE 302
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name
HARTMAN CLIFFORD
Street Address (P.O. Box Number is Not Acceptable)
2480 EAST COMMERCIAL BLVD
City
FT. LAUDERDALE FL Zip Code
33308

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 **CLIFFORD HARTMAN**

05/01/2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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 checked="" type="checkbox"/> Addition
MR	HARTMAN CLIFFORD	2480 EAST COMMERCIAL BLVD	FT LAUDERDALE FL 33308		

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: CLIFFORD HARTMAN

PPES 05/01/2000