2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000091846

FILED
Apr 22, 2003
Secretary of State

Entity Name: WEST ALTERNATIVE MEDICINE, INC.

Current Principal Place of Business:

1490 W. 49TH PLACE
SUITE 390
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 W. 49TH PLACE
SUITE 390
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0961526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, CELESTINO
1490 W. 49TH PLACE
SUITE 390
HIALEAH, FL 33012

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOPEZ, CELESTINO
Address: 1490 W. 49TH PLACE STE. 390
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete
Name: FERNANDEZ, ANGEL
Address: 851 GARDET CIRCLE
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete
Name: FRANCISCO, MORA
Address: 15100 FALKEK PLACE
City-St-Zip: MIAMI LAKE, FL 33016

Title: T ( ) Delete
Name: ALVAREZ, AURELIO
Address: 9400 W FLAGER ST APT 401
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTINO LOPEZ D 04/22/2003
Electronic Signature of Signing Officer or Director Date