

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S54954**

1. Entity Name

HUMAN SERVICES SUPPORT SYSTEM, INC.**FILED****Feb 08, 2000 8:00 am**
Secretary of State

02-08-2000 90172 013 ***150.00

Principal Place of Business

1790 S.W. 27TH AVENUE
MIAMI FL 33145
US

Mailing Address

1790 S.W. 27TH AVENUE
MIAMI FL 33145-2418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0285406**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALTMAN, DAVID B.
429 POINCIANA ISLAND DR
MIAMI FL 33160

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

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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	ALTMAN, STUART	3802 NE 207 ST, #602	MIAMI FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	LINEVSKY, RICHARD	200 SW 15 RD #7C	MIAMI FL 33129	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	GOLDBERG-COHEN, MARTGA	200 S BISCAYNE BLVD #3170	MIAMI FL 33131	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FARR, NEAL	11100 SW 64TH AVE	PINECEST FL 33156	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	STAYMAN, MYRON	1457 MARINER WAY	HOLLYWOOD FL 33019	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SCHMIDT, EDWARD	9500 S DADELAND BLVD 702	MIAMI FL 33156	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *RECEIVED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #