

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S54954**

1. Entity Name  
**HUMAN SERVICES SUPPORT SYSTEM, INC.**

Principal Place of Business

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

Mailing Address

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

**65-0285406**

Applied For

Not Applicable

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 *David B. Saltman*  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D ALTMAN, STUART 3802 NE 207 ST, #602 MIAMI FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LINEVSKY, RICHARD 200 SW 15 RD #7C MIAMI FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD GOLDBERG-COHEN, MARTGA 200 S BISCAYNE BLVD #3170 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD FARR, NEAL 11100 SW 64TH AVE PINECEST FL 33156</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD STAYMAN, MYRON 1457 MARINER WAY HOLLYWOOD FL 33019</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD SCHMIDT, EDWARD 9500 S DADELAND BLVD 702 MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/D 2735 Hackney Road Weston, FL 33331</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C/D FINE, MARTIN 58 SAMANA DRIVE MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SALTMAN, DAVID 429 POINCIANA ISLAND DR. MIAMI, FL 33160</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/D GRETENSTEIN, STEVEN 436 BARGELLO AVE. CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SLAVIN, RICHARD 3000 ISLAND BLVD. TH-3 AVENTURA, FL 33160</b>	<input type="checkbox"/> Change <input checked="" 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:

*David B. Saltman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

305-899-1587

Date

Daytime Phone #

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90004 007 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)