

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90174 048 ***150.00

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SALTMAN, DAVID B.
429 POINCIANA ISLAND DR
MIAMI FL 33160

4. FEI Number **65-0285406**
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | ALTMAN, STUART | |
| STREET ADDRESS | 3802 NE 207 ST, #602 | |
| CITY-ST-ZIP | MIAMI FL 33180 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LINEVSKY, RICHARD | |
| STREET ADDRESS | 2735 HACKNEY RD | |
| CITY-ST-ZIP | WESTON FL 33331 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | FINE, MARTIN | |
| STREET ADDRESS | 58 SAMANA DR | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SALTMAN, DAVID | |
| STREET ADDRESS | 429 POINCIANA ISLAND DR | |
| CITY-ST-ZIP | MIAMI FL 33160 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GRETENSTEIN, STEVEN | |
| STREET ADDRESS | 436 BARGELLO AVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SLAVIN, RICHARD | |
| STREET ADDRESS | 3000 ISLAND BLVD TH-3 | |
| CITY-ST-ZIP | AVENTURA FL 33160 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | VCD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MERLIN, ROBERT | |
| STREET ADDRESS | 5810 MAGGIORE STREET | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: *[Signature]* **2/3/03** **305-899-1587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)