2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084793

1. Entity Name

~~A1A DOMESTICS INC.~~

A1A EMPLOYMENT AGENCY, INC

MC FLD 2/2/01

Principal Place of Business	Mailing Address
2930 OKEECHOBEE BLVD ~~#210~~ 206 WEST PALM BEACH FL 33409	2930 OKEECHOBEE BLVD ~~#210~~ 206 WEST PALM BEACH FL 33409

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 019 ***150.00

658332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2930 OKEECHOBEE BLVD	2930 OKEECHOBEE BLVD
Suite, Apt. #, etc. 206	Suite, Apt. #, etc.
City & State WEST PALM BEACH FL	City & State
Zip 33409 Country	Zip Country

4. FEI Number 65-0949783 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGRATH, HAYDEE
2930 OKEECHOBEE BLVD
~~#210~~ 206
WEST PALM BEACH FL 33409

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.

SIGNATURE HAYDEE MC GRATH [signature] 04-28-01

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCGRATH, HAYDEE	NAME	
STREET ADDRESS	2930 OKEECHOBEE BLVD. ~~#201~~ 206	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: [signature] 04-28-01 (561)686-8687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #