

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084793

1. Entity Name
A1A EMPLOYMENT AGENCY, INC

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Principal Place of Business
2930 OKEECHOBEE BLVD.
200
WEST PALM BEACH FL 33409

Mailing Address
2930 OKEECHOBEE BLVD.
#210
WEST PALM BEACH FL 33409

134 WALTHAM F WEST PALM BEACH

2. Principal Place of Business

2930 OKEECHOBEE BLVD

Suite, Apt. #, etc.

200

City & State

WEST PALM BEACH FL

Zip

33409

Country

USA

3. Mailing Address

134 WALTHAM F

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

23417

Country

USA

4. FEI Number 65-0949783

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCGRATH, HAYDEE
2930 OKEECHOBEE BLVD
#200
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 McGrath

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)

YES X

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE PTD
NAME MCGRATH, HAYDEE
STREET ADDRESS 2930 OKEECHOBEE BLVD. # 200
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Haydee McGrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)