

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0392274 AV

DOCUMENT # P99000084793

1. Entity Name

A1A EMPLOYMENT AGENCY, INC



Principal Place of Business

~~2930 OKEECHOBEE BLVD.~~ 2034 S. MILITARY TRAIL
300 WEST PALM BEACH, WEST PALM BEACH FL 33417
WEST PALM BEACH FL 33409 FL 33415

2. Principal Place of Business

2034 SOUTH MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33415

Country

PALM BEACH

Country

4. FEI Number

65-0949783

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MCGRATH, HAYDEE
2930 OKEECHOBEE BLVD
#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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Haydee McGrath

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 PTD
NAME MCGRATH, HAYDEE
STREET ADDRESS 2930 OKEECHOBEE BLVD. # 206
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 empowered.

SIGNATURE:

Haydee McGrath
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-03

Date

(561) 686-8687

Daytime Phone #

CR2E034 (10/02)