

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

U1U4344

**DOCUMENT # 589058**  
 1. Entity Name  
**A1A REAL ESTATE INVESTMENT CORP.**

03-26-2001 90204 001 \*\*\*150.00  
 03-26-2001 90204 002 \*\*\*\*\*8.75

**66169**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 1918 N. 44TH AVE.      1918 N. 44TH AVE.  
 HOLLYWOOD FL 33021      HOLLYWOOD FL 33021  
 US      US

2. Principal Place of Business      3. Mailing Address  
 1918 N. 44th Ave.      1918 N. 44th Ave.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Hollywood, Florida      Hollywood, Florida

4. FEI Number      59-1892926      Applied For  
 Not Applicable

Zip      Country      Zip      Country  
 33021      BROWARD      33021      BROWARD

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

6. Name and Address of Current Registered Agent  
**COUZE, PHILIP J**  
**500 S.E. SIXTH STREET**  
**SUITE 100 JAY MARK BUILDING**  
**FORT LAUDERDALE FL 33301**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	NEUMANN, MANFRED	
STREET ADDRESS	D-84442 MUHL DORF	
CITY-ST-ZIP	GERMANY	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEUMANN, GISELA	
STREET ADDRESS	D-84442 MUHL DORF	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Manfred P. Neumann      Manfred P. Neumann      March-15-2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (954) 463-2995  
Date      Daytime Phone #

CR2E034 (10/00)