

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90136 019 \*\*\*150.00

**DOCUMENT # P97000071581**

1. Entity Name

**A-1 SIGN & PRINTING CORP**

Principal Place of Business

Mailing Address

888 N.W. 27TH AVENUE  
 SUITE # 3  
 MIAMI FL 33125  
 US

888 N.W. 27TH AVENUE  
 SUITE # 3  
 MIAMI FL 33125-3000  
 US

2. Principal Place of Business

3. Mailing Address

*A-1 Signs & Printing Corp.*  
 Suite, Apt. #, etc.  
*888 NW 27th Ave*

*SAME*  
 Suite, Apt. #, etc.

City & State  
*MIAMI, FL*

City & State

4. FEI Number **65-0771824**

Applied For  
 Not Applicable

Zip *33125* Country *USA*

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROY, JOSE A  
 888 N.W. 27TH AVENUE  
 SUITE # 3  
 MIAMI FL 33125

Name *MONROY, JOSE A.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*888 N.W. 27th AVENUE # 3*  
 City *MIAMI* State *FL* Zip Code *33125*

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 \_\_\_\_\_ (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, 2000 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MONROY, JOSE A</b>	NAME	<i>MONROY, JOSE A.</i>
STREET ADDRESS	<b>1681 NW 27 AVE</b>	STREET ADDRESS	<i>888 N.W. 27th AVENUE # 3</i>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	CITY-ST-ZIP	<i>MIAMI FL 33125</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the 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]* **SIGNATURE REQUIRED** Date *4/16/00* Daytime Phone # *305-644-1535*

CR2E034 (9/99)