

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

Zip
33125 Country
USA

Zip Country

4. FEI Number
65-0771824

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

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input type="checkbox"/>
	MONROY, JOSE A	1681 NW 27 AVE	MIAMI FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MONROY, JOSE A.	888 N.W. 27th AVENUE # 3	MIAMI FL 33125	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)