

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076518

1. Entity Name

A-1 SUPERIOR TEMP.STAFFING INC.

Principal Place of Business

6030 N.W. 19TH STREET  
SUNRISE FL 33313

Mailing Address

6030 N.W. 19TH STREET  
SUNRISE FL 33313-2952

2. Principal Place of Business

1015 W. PINE ST

3. Mailing Address

P.O. Box 55-5246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32805

Country

USA

Zip

32855

Country

USA

4. FEI Number

65-0941533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALI, ASHMEED  
6030 N.W. 19TH STREET  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name  
ALI ASHMEED

Street Address (P.O. Box Number is Not Acceptable)  
1015 W PINE STREET

City

ORLANDO

FL

Zip Code  
32805

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

Ashmeed Ali

2-3-2000

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)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALI, ASHMEED	
STREET ADDRESS	6030 N.W. 19TH STREET	
CITY-ST-ZIP	SUNRISE FL 33313	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, ASHMEED	
STREET ADDRESS	P.O. Box 55-5246	
CITY-ST-ZIP	ORLANDO FL 32855	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMDAYE S. ALI	
STREET ADDRESS	PO Box 55-5246	
CITY-ST-ZIP	ORLANDO FL 32855	
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:

Ashmeed Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000

Date

407-481-9992

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)