

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90114 001 ***158.75

DOCUMENT # 589058

1. Entity Name
A1A REAL ESTATE INVESTMENT CORP.



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

Mailing Address
**1918 N. 44TH AVE.
HOLLYWOOD FL 33021
US**

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

3. Mailing Address
1918 N. 44th Ave.
Suite, Apt. #, etc.

City & State
Hollywood, Florida
Zip
33021
Country
Broward

City & State
Hollywood, Florida
Zip
33021
Country
Broward

4. FEI Number
59-1892926

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEUMANN, MANFRED D-84442 MUHLDOF GERMANY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUMANN, GISELA D-84442 MUHLDOF GERMANY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Manfred P. Neumann* **Manfred P. Neumann** Mrch-3-2003 (954) 463-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)