

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89198

1. Entity Name

A-1-A CLEANING SERVICE, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90601 023 ***150.00

Principal Place of Business
 292 PLAMETTO AVE
 P.O. BOX 520947
 LONGWOOD FL 32750
 US

Mailing Address
 P.O. BOX 520947
 P.O. BOX 520947
 LONGWOOD FL 32752-0947
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2617506**

Applied For
 Not Applicable

Zip Country

Zip Country

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

KHORRAMIAN, FATEMEH
292 E PALMETTO AVE
LONGWOOD FL 32750

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 _____
 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, 2002 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 **VS** ☐ Delete
 NAME **KHORRAMIAN, MOHAMMAD R.**
 STREET ADDRESS **2044 ALAQUA DR**
 CITY-ST-ZIP **LONGWOOD FL 32779-3116**

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

TITLE **PT** ☐ Delete
 NAME **KHORRAMIAN, FATEMEH**
 STREET ADDRESS **2044 ALAQUA DR**
 CITY-ST-ZIP **LONGWOOD FL 32779-3116**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Fatemeh Khorramian*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FATEMEH K HORRAMIAN

4-24-02 **407-339-6000**
 Date Daytime Phone #

CR2E034 (9/01)