

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90266 016 ***150.00

DOCUMENT # J98096

1. Entity Name
A-1 INVESTIGATIVE AGENCY, INC.



Principal Place of Business
**2500 HOLLYWOOD BLVD
STE 206
HOLLYWOOD FL 33020
US**

Mailing Address
**2500 HOLLYWOOD BLVD
STE 206
HOLLYWOOD FL 33020
US**

2. Principal Place of Business

3. Mailing Address

2500 HOLLYWOOD BLVD

2500 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 209

STE 209

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip Country
33020 US

Zip Country
33020 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0306408**

Applied For
Not Applicable

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

**BLEIER, HENRY
2699 STIRLING RD., STE. C-307
FT. LAUDERDALE FL 33312**

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
STREINER, SAMUEL
2500 HOLLYWOOD BLVD -STE 206
HOLLYWOOD FL 33020** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

954929-1919

Daytime Phone #

CR2E034 (10/02)