

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90018 047 ***150.00

DOCUMENT # **K 51036**

1. Entity Name

A1 MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3231 INVERRARY BLVD W

Suite, Apt. #, etc.

City & State

LAUDERHILL FL.

Zip

33319

Country

U.S.A.

3. Mailing Address

3231 INVERRARY BLVD W

Suite, Apt. #, etc.

PMB 132

City & State

LAUDERHILL, FL

Zip

33319

Country

U.S.A.

4. FEI Number

65-0163350

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

VICTOR F. PEREZ
4762 NW 66 ONE
LAUDERHILL, FL 33319

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.

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	VICTOR F. PEREZ	
STREET ADDRESS	4762 NW 66 ONE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MAYDA SUTOMAYOR	
STREET ADDRESS	1090 SMOKE TREE CT.	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SJT	<input checked="" type="checkbox"/> Delete
NAME	VICTOR PEREZ-VILLAR	
STREET ADDRESS	2378 SW 6 ST	
CITY-ST-ZIP	MIAMI, FL 33135	
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	VICE President / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYDA SUTOMAYOR	
STREET ADDRESS	1090 SMOKE TREE CT.	
CITY-ST-ZIP	WESTON, FL 33326	
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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/00 X954-747-9565

CR2E034 (9/99)