

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010177

1. Entity Name  
A1A FLOORS, LLC

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
504 NORTHEAST 6TH STREET  
HALLANDALE FL 33009

Mailing Address  
504 NORTHEAST 6TH STREET  
HALLANDALE FL 33009



2. Principal Place of Business  
217 S.W. 7th Street  
Suite, Apt. #, etc.

3. Mailing Address  
217 S.W. 7th Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

FILED

City & State  
DANIA BEACH (FL)

City & State  
DANIA BEACH

4. FEI Number  
65-1035597

Applied For  
Not Applicable

Zip  
33004

Country  
USA

Zip  
33004

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARQUIS, PIERRE  
504 NORTHEAST 6TH STREET  
HALLANDALE FL 33009  
217 S.W. 7th Street  
DANIA BEACH (FL) 33004

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN/GER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/23/01 (954) 2405368

CR2E083 (11/00)