

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72624

1. Entity Name

A-1 ART PRINTING, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90091 026 \*\*\*150.00

Principal Place of Business

Mailing Address

~~% TALAL E. HILAL~~  
 421 E. ST. 434 #3  
 LONGWOOD FL 32750

~~% TALAL E. HILAL~~  
 421 E. ST. 434 #3  
 LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2880204

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

~~HILAL, TALAL E.~~  
~~421 E SR 434~~  
~~LONGWOOD FL 32750~~

Effective →  
 4/1/99

Name ItaF Hilal  
 Street Address (P.O. Box Number is Not Acceptable)  
421 E. SR 434  
Suite #3  
 City Longwood, FL Zip Code 32750

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 X [Signature]  
 Signature, typed or printed name of registered agent and title if applicable.

ItaF Hilal  
 (NOTE: Registered Agent signature required when reinstating)

3-24-00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILAL, TALAL E. 421 E SR 434 LONGWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILAL, NADIA 421 E SR 434 LONGWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ItaF Hilal - President 421 E. SR 434 Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4/1/99
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Khalil Hilal - Sec 421 E. SR 434 Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4/1/99
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] Khalil Hilal  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00 (407) 830-9606

CR2E034 (9/99)