

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

DOCUMENT # P00000000106

1. Entity Name

A-1 BUSINESS SERVICES, INC.

FILED

04 MAY -6 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2724 S.W. 137th Avenue

3. Mailing Address
274 2724 SW 137 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida 33175

City & State
Miami Florida 33175

4. FEI Number
65-0969419

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DO NASCIMENTO, JUAN MIGUEL

Street Address (P.O. Box Number is Not Acceptable)

2724 SW 137th Avenue

City
Miami FL Zip Code
33175

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 registering)

(FBI)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DO NASCIMENTO, JUAN MIGUEL
2727 SW 137th Avenue
Miami FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700036067497
05/11/04--01078--023 **150.00

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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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/2004 (301) 362-9139

CR2E0348 (12/01)