

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90130 018 \*\*\*155.00

03:89304 AV

**DOCUMENT # P01000011804**

1. Entity Name  
**A1FMS INC.**

Principal Place of Business  
**616 E. ATLANTIC BLVD.**  
**POMPANO BCH FL 33060**

Mailing Address  
**616 E. ATLANTIC BLVD.**  
**POMPANO BCH FL 33060**

2. Principal Place of Business

**616 E. ATLANTIC BL.**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**POMPANO BCH**

City & State

**FLA.**

4. FEI Number

Applied For  
☒ Not Applicable

Zip

**33060**

County

**Broward**

Zip

**33060**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, LESTER**  
**5550 MARBELLA DR.**  
**BOCA RATON FL 33433**

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

**LESTER Young, Lester Young**

**4-8-02**

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**YOUNG, LESTER**  
**5550 MARBELLA DR.**  
**BOCA RATON FL 33433**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**DEMOS, DEBRA**  
**1539 SE 8TH AVE.**  
**DEERFIELD BCH FL 33441**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**Lester Young**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lester Young**

Date

**4/8/02**

Daytime Phone #

**954**

**941-9511**

CR2E034 (9/01)