

7/8/2

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-08-2002 90231 008 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043387

1. Entity Name
A 1 PROVISIONS, INC.

Principal Place of Business
19538 BLACK OLIVE LANE
BOCA RATON FL 33498

Mailing Address
19538 BLACK OLIVE LANE
BOCA RATON FL 33498

40763



2. Principal Place of Business

785 So Congress.

Suite, Apt. #, etc.

Bay 13

City & State

Delray Bch FL

Zip

33445

Country

USA

3. Mailing Address

785 So Congress

Suite, Apt. #, etc.

Bay 13

City & State

Delray Bch FL

Zip

33445

Country

USA

4. FEI Number

451035315

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENTI, JOSEPH
19538 BLACK OLIVE LANE
BOCA RATON FL 33498

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	CLEMENTI, JOSEPH	
STREET ADDRESS	19538 BLACK OLIVE LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VO	<input type="checkbox"/> Delete
NAME	PACE, STEVEN JR.	
STREET ADDRESS	611 SOUTH STATE RD. SEVEN	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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: **JOSEPH CLEMENTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-02 561 330-3616

CR2E034 (4/02)