

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90110 040 ***150.00

DOCUMENT # P02000036593

1. Entity Name

A1A HOLDING CORP.



Principal Place of Business

56 RIVERS EDGE LANE
PALM COAST FL 32137

Mailing Address

56 RIVERS EDGE LANE
PALM COAST FL 32137

2. Principal Place of Business
16445 Collins Ave

3. Mailing Address
16445 Collins Ave.

Suite, Apt. #, etc.

Apt. 1122

Suite, Apt. #, etc.

Apt. 1122

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

4. FEI Number
043655992

Applied For

Not Applicable

Zip
33160

Country
Dade

Zip
33160

Country
Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name
Fusco, Alexander
Street Address (P.O. Box Number is Not Acceptable)
16445 Collins Ave. Apt. 1122
City Sunny Isles Beach FL Zip Code 33160

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, PATRICIA 56 RIVERS EDGE LANE PALM COAST FL 32137	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fusco, Alexander 16445 Collins Ave. Apt. 1122 Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)