

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062367

1. Entity Name

213 A1A CORP.

Principal Place of Business

211 S. ATLANTIC BLVD.
FORT LAUDERDALE FL 33316
US

Mailing Address

1411 S.W. 31ST AVE.
POMPANO BEACH FL 33069-4834

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

65-0434370

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

MINIACI, ALBERT J
1411 S.W. 31ST AVE.
POMPANO BEACH FL 33069

Name DANIEL D. CHRISTENSEN
Street Address (P.O. Box Number is Not Acceptable)
213 S. Ft Lauderdale Beach Blvd
City Ft Lauderdale FL Zip Code 33316

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

DANIEL D. CHRISTENSEN
(NOTE: Registered Agent signature required when reinstating)

4/29/2000
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	VS	<input checked="" type="checkbox"/> Delete
NAME	MINIACI, ALBERT J	
STREET ADDRESS	1411 S.W. 31 AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, RON	
STREET ADDRESS	213 SOUTH ATLANTIC BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, SUSAN	
STREET ADDRESS	213 SOUTH ATLANTIC BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
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	P/V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>DANIEL D. CHRISTENSEN</u>	
STREET ADDRESS	<u>213 South Ft Lauderdale Beach Blvd</u>	
CITY-ST-ZIP	<u>Ft Lauderdale FL 33316</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CHRISTENSEN

954-522-7001
Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90072 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)