

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057192

1. Entity Name

A1 FINANCIAL MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

1634 E. ATLANTIC BLVD

1634 E. ATLANTIC BLVD.

#2

#2

POMPANO BEACH FL 33060

POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

614 E. ATLANTIC BL

614 E. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO Bch

FL POMP. Bch FLA.

Zip 33060

Country Brow

Zip 33060

Country Brow

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, LESTER
22744 SW 54TH WAY
BOCA RATON FL 33433

Name

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

614 E. ATLANTIC BLVD.

City

POMPANO Bch

FL

Zip 33060

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

1-9-01

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when relocating)

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, 2001 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 PD ☐ Delete
NAME YOUNG, LESTER
STREET ADDRESS 22744 SW 54TH WAY
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE VD ☐ Delete
NAME DEMOS, DEBRA
STREET ADDRESS 22744 SW 54TH WAY
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Lester Young

LESTER Young

1-9-01

954
234-3944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0122982

CR2E034 (10/00)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 049 ***150.00



DO NOT WRITE IN THIS SPACE