

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075668

1. Entity Name

A1 PROCUREMENT SERVICES, INC.

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

03-22-2000 90094 030 ***158.75

Principal Place of Business

Mailing Address

17650 NW 22ND AVENUE
MIAMI FL 33056

17650 NW 22ND AVENUE
MIAMI FL 33056-4732

2. Principal Place of Business

17650 N.W. 22 AV.

3. Mailing Address

17650 N.W. 22 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI, FL

4. FEI Number

65-0943917

Applied For

Not Applicable

Zip

33056

Country

MIAMI-DADE

Zip

33056

Country

MIAMI-DADE

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

DALEY, LAXLEYVAL
17650 NW 22ND AVENUE
MIAMI FL 33056

Name

LAXLEYVAL DALEY

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

17650 N.W. 22 AV.

City

MIAMI, FL

FL

Zip Code

33056

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, 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, 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	D	<input type="checkbox"/> Delete
NAME	DALEY, LAXLEYVAL	
STREET ADDRESS	17650 NW 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALEY, LOUIS	
STREET ADDRESS	4106 N. MAIN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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:

Laxleyval Daley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-2000

Date

305-625-7889

Daytime Phone #

CR2E034 (9/99)