

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90058 030 ***150.00

DOCUMENT # P99000075668

1. Entity Name
A1 PROCUREMENT SERVICES, INC.



Principal Place of Business
**17650 NW 22ND AVENUE
MIAMI FL 33056**

Mailing Address
**17650 NW 22ND AVENUE
MIAMI FL 33056**

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

USA

Zip

33056

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DALEY, LAXLEYVAL
17650 NW 22ND AVENUE
MIAMI FL 33056**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-06-03

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 **D** ☐ Delete
NAME **ALEY, LAXLEYVAL**
STREET ADDRESS **17650 NW 22ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ Delete
NAME **DALEY, LOUIS**
STREET ADDRESS **4106 N. MAIN STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 #

01-06-03

305-625-7889

CR2E034 (10/02)