

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076509

1. Entity Name

A-1 ULTIMATE EMPLOYMENT AGENCY INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90094 040 \*\*\*150.00

Principal Place of Business

Mailing Address

6030 N.W. 19TH STREET  
SUNRISE FL 33313

6030 N.W. 19TH STREET  
SUNRISE FL 33313-2952

2. Principal Place of Business

3. Mailing Address

1015 W. PINES ST

P.O. Box 55-5246

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

65-0941530

Applied For

Not Applicable

Zip

32805

Country

USA

Zip

32855

Country

USA

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

ALI, SAMDAYE S  
6030 N.W. 19TH STREET  
SUNRISE FL 33313

Name

ALI SAMDAYE . S

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

1015 W PINES STREET

City

ORLANDO

FL

Zip/Code

32805

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

*Samdaye S. Ali*

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, SAMDAYE S		NAME		
STREET ADDRESS	6030 N.W. 19TH STREET		STREET ADDRESS	P.O. Box 55-5246	
CITY-ST-ZIP	SUNRISE FL 33313		CITY-ST-ZIP	ORLANDO FL 32855	
TITLE		<input type="checkbox"/> Delete	TITLE	V. P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALI ASHMEED	
STREET ADDRESS			STREET ADDRESS	P.O. Box 55-5246	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32855	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Samdaye S. Ali*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2000

Date

407 481 9992

Daytime Phone #

CR2E034 (9/93)