

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084793

1. Entity Name

A1A DOMESTICS INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90065 048 ***150.00

Principal Place of Business **2930 OKEECHOBEE BLVD. #210** Mailing Address **2930 OKEECHOBEE BLVD. #210**
~~224 DATURA STREET. #408~~ ~~224 DATURA STREET. #408~~
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-3632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2930 OKEECHOBEE BLVD** 3. Mailing Address **2930 OKEECHOBEE BLVD.**

Suite, Apt. #, etc. **210** Suite, Apt. #, etc. **210**

City & State **WEST PALM BEACH FL** City & State **WEST PALM BEACH, FL**

Zip **33409** Country **USA** Zip **33409** Country **USA**

4. FEI Number **65-0949783** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGRATH, HAYDEE
~~224 DATURA STREET, #408~~ **2930 OKEECHOBEE BLVD, #210**
WEST PALM BEACH FL 33409

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.

SIGNATURE *Haydee McGrath* DATE 03-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGRATH, HAYDEE		NAME		
STREET ADDRESS	224 DATURA STREET, #408 2930 OKEECHOBEE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: *Haydee McGrath* DATE 03-12-00 (561) 868-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)