

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90030 019 \*\*\*150.00

**DOCUMENT # P99000084793**

1. Entity Name

~~AIA DOMESTICS INC.~~

**AIA EMPLOYMENT AGENCY, INC**

NIC  
FWD  
2/21/01  
7/20/01

Principal Place of Business

2930 OKEECHOBEE BLVD  
~~#210~~ 206  
 WEST PALM BEACH FL 33409

Mailing Address

2930 OKEECHOBEE BLVD  
~~#210~~ 206  
 WEST PALM BEACH FL 33409

**658332**

2. Principal Place of Business

**2930 OKEECHOBEE BLVD**

3. Mailing Address

**2930 OKEECHOBEE BLVD**

Suite, Apt. #, etc.

**206**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH FL**

City & State

Zip

**33409**

Country

Zip

Country

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**  
**2930 OKEECHOBEE BLVD**  
~~#210~~ 206  
 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**  
*Haydee McGrath*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-28-01**

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

TITLE **PTD** ☐ Delete  
 NAME **MCGRATH, HAYDEE**  
 STREET ADDRESS **2930 OKEECHOBEE BLVD. #206 206**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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:

*Haydee McGrath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-01**

Date

**(561) 686-8687**

Daytime Phone #

CR2E034 (10/00)