

1550 188-9000 829-1040
2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 22 PM 3:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000084793**

1. Entity Name
A1A EMPLOYMENT AGENCY, INC

NO CHANGE OF NAME

A1A EMPLOYMENT AGENCY, INC

Principal Place of Business
2930 OKEECHOBEE BLVD.
~~208-200~~
WEST PALM BEACH FL 33409

Mailing Address
~~2930 OKEECHOBEE BLVD.~~
~~#210~~
WEST PALM BEACH FL 33409

134 WALTHAM F WEST PALM BEACH



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2930 OKEECHOBEE BLVD

3. Mailing Address
134 WALTHAM F

Suite, Apt. #, etc.
200

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

Zip
33409

Country
USA

Zip
23417

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
2930 OKEECHOBEE BLVD
~~#208~~
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*

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) **YES**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MCGRATH, HAYDEE 2930 OKEECHOBEE BLVD. # 208 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ****150.00 ****150.00

150.00-AR only
 150.00-AR 150 Temp ID
 8/7/24

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

Date _____ Daytime Phone # _____

CR2E034 (9/01)