

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91012 049 \*\*\*150.00

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**DOCUMENT # P99000084793**



1. Entity Name  
**A1A EMPLOYMENT AGENCY, INC**

Principal Place of Business Mailing Address  
~~2930 OKEECHOBEE BLVD.~~ **2034 S. MILITARY TRAIL** TR134 WALTHAM F  
~~300~~ **WEST PALM BEACH,** WEST PALM BEACH FL 33417  
~~WEST PALM BEACH FL 33409~~ **FL 33415**

2. Principal Place of Business **TRAIL** 3. Mailing Address  
**2034 SOUTH MILITARY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**WEST PALM BEACH FL**  
Zip Country Zip Country  
**33415 PALM BEACH**

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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCGRATH, HAYDEE**  
**2930 OKEECHOBEE BLVD**  
**#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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Haydee McGrath*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	MCGRATH, HAYDEE	2930 OKEECHOBEE BLVD. # 206	WEST PALM BEACH FL 33409	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: *Haydee McGrath* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-03

Date

(561) 686-8687

Daytime Phone #

CR2E034 (10/02)