FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 JUN 28 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 681675

1. Entity Name UNIQUE PRODUCERS SERVICE, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13815 N.W. 19TH AVENUE	13815 N.W. 19TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA-LOCKA, FL 33054	City & State: OPA-LOCKA, FL 33054
Zip: 33054 Country: USA	Zip: 33054 Country: USA

4. FEI Number 59-2020927 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ROBERT V. FITZSIMMONS ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2950 S.W. 27TH AVE. #200

City: MIAMI, FL **FL** Zip Code: 33233-9075

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 _____ DATE

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR
NAME	JONES, JOE B., SR.
STREET ADDRESS	13815 N.W. 19TH AVE.
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	PRESIDENT
NAME	JONES, DARRELL
STREET ADDRESS	13815 N.W. 19TH AVE.
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	SECRETARY/TREASURER
NAME	JONES, GERTRUDE
STREET ADDRESS	13815 N.W. 19TH AVE.
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	400006251094--2
STREET ADDRESS	-07/08/02--01065--010
CITY-ST-ZIP	*****70.00 *****70.00
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/24/02 (305)681-7627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #