

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT.
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019592

1. Corporation Name
UNIQUE STRUCTURES, INC.

Principal Place of Business
9254 EDMONT LN
BOCA RATON FL 33434

Mailing Address
9254 EDMONT LN
BOCA RATON FL 33434

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90040 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/29/1996

4. FEI Number
65-0642314

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 17686 75th PLACE N.
Suite, Apt. #, etc.

2a. Mailing Address
26 17686 75th PLACE N.
Suite, Apt. #, etc.

23 LOXAHATCHEE FL.
City & State
Zip Country
24 33470 25 PBC.

28 LOXAHATCHEE FL
City & State
Zip Country
29 33470 30 PBC.

9. Name and Address of Current Registered Agent

RESTIVO, CHARLES
9254 EDMONT LN
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name RESTIVO CHARLES
82 Street Address (P.O. Box Number is Not Acceptable)
17686 75th PLACE N.
83
84 City LOXAHATCHEE FL 85 Zip Code 33470

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RESTIVO, CHARLES	9254 EDMONT LN	BOCA RATON FL 33434	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
RESTIVO	CHARLES	17686 75th PLACE N.	LOXAHATCHEE FL. 33470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)