

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 675888

(R)

1. Entity Name

UNIQUE PLUMBING INCORPORATED

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 030 ***150.00

Principal Place of Business

Mailing Address

16418 NE 31 AVENUE
N. MIAMI BEACH, FL 33160-4135

00077892

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2008543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAFKA, ABRAHAM
16418 NE 31S AVENUE
N.M.B., FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

16418 NE 31 AVENUE

City

N. MIAMI BEACH

FL

Zip Code

33160-4135

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

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)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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. **DELETED OFFICERS AND DIRECTORS**

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	ABRAHAM KAFKA	<input type="checkbox"/> Delete
NAME	16418 NE 31 AVENUE	
STREET ADDRESS	N. MIAMI BEACH, FL 33160-4135	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/2000

Date

305-354-4929

Daytime Phone #

CR2E034 (9/99)

Attachment
625886
DOW 71892

UNIQUE PLUMBING INCORPORATED
16418 N.E. 31 AVENUE
NORTH MIAMI BEACH, FL 33160-4135

August 2, 2000

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Per instructions from your department, I am sending the 2000 Uniform Business Report with my check for \$150 in payment of my annual filing fee. Please waive the late penalty as the UBR was sent to an old address and I never received it.

Thank you for your courtesy and cooperation in this matter.

Sincerely,



Abraham Kafka
President

