

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F21989**

**(1)**

1. Corporation Name

**UNIQUE CUISINE, INC.**

Principal Place of Business

Mailing Address

**C/O WALLACE N MAER  
419 SW 29TH ROAD  
MIAMI FL 33129**

**C/O WALLACE N MAER  
419 SW 29TH ROAD  
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/04/1981**

3a. Date of Last Report

**06/28/1994**

2. Principal Place of Business

2a. Mailing Address

**21 11274 SW 116th Terr**

**26 11274 SW 116th Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Miami Fla**

**27**

City & State

City & State

**23**

**28**

Zip

Zip

**24 33129**

**25**

Country

Country

**26**

**29**

**27**

**30**

4. FEI Number

**59-2076752**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAER, WALLACE N  
419 SW 29TH ROAD  
MIAMI FL**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>VALENZA, PATRICIA</b>
STREET ADDRESS	<b>165 NW 198TH ST</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>
TITLE	<b>D</b>
NAME	<b>VALENZA, JUDITH</b>
STREET ADDRESS	<b>9820 SW 85TH TERR</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>
TITLE	<b>D</b>
NAME	<b>VALENZA, FRANK</b>
STREET ADDRESS	<b>165 N W 198TH ST</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>
TITLE	<b>PT</b>
NAME	<b>VALENZA, JUDITH</b>
STREET ADDRESS	<b>9820 SW 85TH TERR</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>
TITLE	<b>V</b>
NAME	<b>VALENZA, FRANK</b>
STREET ADDRESS	<b>165 NW 198TH ST</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>
TITLE	<b>S</b>
NAME	<b>VALENZA, PATRICIA</b>
STREET ADDRESS	<b>165 NW 198TH ST</b>
CITY - ST - ZIP	<b>MIAMI, FL 0</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

**Judith VALENZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-95**

Date

**252-9891**

Telephone Number