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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L71048

(7)

UNIQUE SOUTHGATE DEVELOPMENT CORP.

14. I do hereby certify that the information sup information indicated on this annual report

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Place SOURCE	n Boschetti St., Suite 204	Mailing Address 5 JOSE RAMON BOSCHETTI 2901 S.W. 8TH ST SUITE 204 MIAMI FL 33135-2850						
					3. Date Incorporated or Qua 05/08/1990	lified 3a.	Date of Last Re 1/24/1996	eport .
2. Principal Pl	ace of Business	28. Mailing Address			4. FEI Number 59-2203219		- +	plied For t Applicable
Suite, Apt #, etc		Suite Apt. #, etc.				ed 🔀	\$8.75 A	
22		27			Certificate of Status Desir	ad 🔼	Fee Re	
City & State		City & State		6. Election Campaign Finance		\$5.00		
23 Zip	Country	28 Zip	Countr		Trust Fund Contribution	lity for integral	Added to	
24	25	29	30	,	B. This corporation has liabil Florida Statutes		Die tax under s. ☐ No	199.032,
	9. Name and Address of Currer		1991		10. Name and Address of N	ew Registere	od Agent	
BOS	CHETTI, JOSE RAMON		81	Name				
	I SW 8TH ST.		82	Street Add	dress (P.O. Box Number is Not Ac	ceptable)		
SUITE 204			-	L				
MIAJ	MI FL 33135		83					
			84	City		F	85 Zip C	Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with and accept the oblight Signature, typed or purited rame of registered egi	e of Florida. Such change was a pations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora is.	rporation submits this statement for ation's board of directors. I hereby ured when reinstating)	or the purpose	e of changing its appointment as	s registered registered
12.		ID DIRECTORS	13.	one a grictoria requ	ADDITIONS/CHANGES TO			S IN 12
TITLE	DP .	DELETE	1.1 TITLE		, , , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME	BOSCHETTI, RAFAEL J.		1.2 NAME					
STREET ADDRESS	2901 SW 8TH ST #204		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY-					
TITLE	DVP	L DELETE	2.1 TITLE	N V	P- SEC-TREASI	rer	Change	Addition
NAME	BOSCHETTI, JOSE R.		2.2 NAME					
STREET ADDRESS	2901 SW 8TH ST #204		2.3 STREE	T ADDRESS			1	
CITY-ST-ZIP	MIAMI FL	DE DEL ETE	2. 4 CITY		·			T Addison
TITLE	DT Beruff, Gonzalo	DELETE	3.1 TITLE	- 1			☐ Change	☐ Addition
NAME	2901 SW 8TH ST #204		3.2 NAME					
STREET ADDRESS	MIAMI FL			T ADDRESS				
CITY-ST-ZIP TITLE	INSTALL C	DELETE	3.4 CITY - 4.1 TITLE	ST-ZIP			Change	Addition
NAME		hand Openia	4. 2 NAM				Diding	
STREET ADDRESS			- 6	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ŀ				
TITLE		DELETE	5 1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAME				-	
STREET ADDRESS			53 STREE	T ADDRESS				
CITY - ST - ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		1	6.3 STREE	T ADDRESS	•			
CITY - ST - ZIP	Λ	Λ	6.4 CITY-	ST-ZIP				

an attachment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the applymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name