

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023127

1. Entity Name  
UNIQUE PARK RESTAURANT, INC.

Principal Place of Business  
7824 W. SAMPLE ROAD  
MARGATE FL 33063

Mailing Address  
7824 W. SAMPLE ROAD  
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0990449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELICE, RICHMOND  
11500 NW 37TH ST.  
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BELICE, RICHMOND  
11500 NW 37TH ST  
CORAL SPRINGS FL 33065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HENRY, BETANIE  
11500 NW 37TH ST.  
CORAL SPRINGS FL 33065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004614407--0  
-09/27/01--01092--009  
\*\*\*\*150.00 \*\*\*\*150.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

9/19/01

(954) 255-7738

Date

Daytime Phone #

0028642 AV

CR2E034 (5/01)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 SEP 25 PM 12:42



DO NOT WRITE IN THIS SPACE

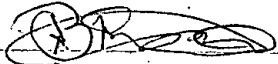
UNIQUE PARK REST., INC  
7824 W. SAMPLE RD  
MARGATE FL 33063  
SEPT 19, 2001

# P00000023127

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302

GENTLEMEN,

WE DID NOT RECEIVE THE FIRST  
NOTICE FOR THIS REPORT & REQUEST YOU  
ACCEPT OUR PAYMENT OF \$150.00, FOR OUR FEE.  
THANK YOU FOR YOUR CONSIDERATION IN THIS  
MATTER & "GOD BLESS AMERICA"

  
Richmond Belice