

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90028 049 ***150.00

DOCUMENT # P00000036748

1. Entity Name
UNIQUE AUTOMOTIVE CORP.



Principal Place of Business
**1531 NW 178 TERRACE
PEMBROKE PINES, FL 33029**

Mailing Address
**1531 NORTHWEST 178 TERRACE
PEMBROKE PINES, FL 33029**

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0998406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENITEZ, SONIA
1531 N.W. 178 TERRACE
PEMBROKE, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPTR
BENITEZ, SONIA
1531 NORTHWEST 178 TERRACE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
BENITEZ, OVIDIO
1531 NW 178 TERRACE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

X49-01

(305) 206 6840