

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90014 009 ***150.00

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DOCUMENT # P00000068870			
1. Entity Name UNIQUE CARPENTRY, INC.			
Principal Place of Business 18500 S.W. 92ND PLACE MIAMI FL 33157		Mailing Address 18500 S.W. 92ND PLACE MIAMI FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025826				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, JOEL 18500 S.W. 92ND PLACE MIAMI FL 33157			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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, JOEL			NAME	HERNANDEZ, Joel		
STREET ADDRESS	18500 S.W. 92ND PLACE			STREET ADDRESS	18500 SW 92 Place		
CITY-ST-ZIP	MIAMI FL 33157			CITY-ST-ZIP	Miami, Fl. 33157		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, MARIA C			NAME	Hernandez, Maria del C.		
STREET ADDRESS	18500 S.W. 92ND PLACE			STREET ADDRESS	18500 SW 92 Place		
CITY-ST-ZIP	MIAMI FL 33157			CITY-ST-ZIP	Miami, Fl. 33157		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOLINA, PEDRO L			NAME	HERNANDEZ, Edmundo		
STREET ADDRESS	6440 S.W. 138 CT., APT. 408			STREET ADDRESS	29864 SW 158 Ct.		
CITY-ST-ZIP	MIAMI FL 33183			CITY-ST-ZIP	Homestead, Fl. 33033		
TITLE		<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	MARTINEZ, Alex		
STREET ADDRESS				STREET ADDRESS	327 SW 13 Ave. #1		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, Fl. 33126		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **NON-RESIDENT PRESIDENT** Date: 02/12/2002 Daytime Phone #: (305) 804-3203

CR2E034 (9/01)