

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90826 003 ***150.00

0297839 AV

DOCUMENT # P00000103356

1. Entity Name
UNIQUE DESIGNS, INC.

Principal Place of Business
12472 SOUTHWEST 117TH COURT
MIAMI FL 33186

Mailing Address
15524 SOUTHWEST 171ST STREET
MIAMI FL 33187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12810 SW 122AV.
 Suite, Apt. #, etc.

3. Mailing Address
12810 SW 122AV.
 Suite, Apt. #, etc.

City & State
Miami FL
Zip **33186** **Country**

City & State
Miami FL
Zip **33186** **Country**

4. FEI Number **65-1053146**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Paul Bettini**
Street Address (P.O. Box Number is Not Acceptable) **15524 SW 171ST**
City **Miami, FL** **FL** **Zip** **33187**

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 **3/19/02**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BETTINI, PAUL	
STREET ADDRESS	12472 SOUTHWEST 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BETTINI, CARMEN C	
STREET ADDRESS	12472 SOUTHWEST 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	BETTINI, HINRIETTE	
STREET ADDRESS	12472 SOUTHWEST 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12810 SW 122AV.	
STREET ADDRESS	Miami FL 33186	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12810 SW 122AV.	
STREET ADDRESS	Miami FL 33186	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTINI HENRIETTE	
STREET ADDRESS	12810 SW 122AV	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE **3/19/02**

Daytime Phone #

CR2E034 (9/01)