FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 12 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000008332

1. Entity Name

A & S UNIQUE, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5840 SW 37th AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. LAUDERDALE	City & State
Zip: FL 33312	Zip / Country

4. FEI Number: 03-1828784 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: REHABI ALON

Street Address (P.O. Box Number is Not Acceptable): 5840 SW 37th AVE

City: Ft. LAUDERDALE FL Zip Code: 33312

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: P NAME: REHABI ALON STREET ADDRESS: 5840 SW 37th AVE CITY-ST-ZIP: Ft. Lauderdale FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200024579742 11/12/03--01010--007 **150.00
TITLE: V NAME: WERTHEIMER SHARLENE STREET ADDRESS: 5840 SW 37th AVE CITY-ST-ZIP: Ft. Lauderdale FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

12. 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 10 or in an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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A & S UNIQUE, INC.
5840 SW 37TH AVE
FT LAUDERDALE, FL 33312

November, 5 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: A & S Unique, Inc.

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of $150.00 for the year 2003.

Thank you very much for you help and understanding.

Sincerely,

Alon Rehabi