

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019442

1. Entity Name

UNIKA INTERIOR DESIGN STUDIO, INC.



DO NOT WRITE IN THIS SPACE

200023401882
09/29/03--01071--006 **158.75

REINSTATEMENT

02-03

2. Principal Place of Business
9939 NW 47 TERRACE

3. Mailing Address
9939 NW 47 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1089052

Applied For
Not Applicable

Zip
33178

Country

Zip
33178

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name VAKRATSAS, HELENI

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

9939 NW 47 TERRACE

City MIAMI

FL

Zip Code
33178

**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]

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

(NOTE: Registered Agent signature required when reinstating)

SEPT 24, 2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VAKRATSAS, HELENI
9939 NW 47 TERRACE
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200023401882
11/04/03--01060--019 **141.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

HELENI VAKRATSAS

SEPT 24, 2003

305 629 9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 11/30



Accounting & Tax Service, Inc.

September 24, 2003

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

Re: **Unika Interior Design Studio, Inc.**

Document no. **P01000019442**

2003 Annual-Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

- 1) Original Corporation Reinstatement Report
- 2) A check payable to the Department of State in the amount of \$158.75


We are respectfully requesting abatement of the penalties since the above corporation had move from the previous address (2000 Towerside Terrace, Apt. #1608, Miami, FL 33138) and when it was time to file the report again it did not received the forms.

Please review the above circumstances and abate the penalty of the reinstatement fee as Mrs. Vakratsas acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely now and in the future.

We have thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,


Jose A. Torres
Accountant


Heleni Vakratsas
President