

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90059 006 \*\*\*150.00

**DOCUMENT # P01000079490**

1. Entity Name

**UNIQUE CUSTOM WOODWORK & DESIGN, INC.**

Principal Place of Business

~~6471 S W 30TH STREET~~  
~~MIRAMAR FL 33023~~

Mailing Address

5901 S W 21ST STREET  
 HOLLYWOOD FL 33023

2. Principal Place of Business

5901 S.W. 21<sup>st</sup> St

Suite, Apt. #, etc.

3. Mailing Address

5901 SW 21<sup>st</sup> St.

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip 33023

Country

Broward

City & State

Hollywood FL

Zip 33023

Country

4. FEI Number

65-1137564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GRAY, TERRENCE

6471 S W 30TH STREET

MIRAMAR FL 33023

Name

Lyndon R Hinds

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

3748 Jackson Blvd.

City

Ft. Lauderdale

FL

Zip Code

33312

7. Name and Address of New Registered Agent

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

Lyndon R. Hinds, President 4/17/02

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  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE D  
 NAME GRAY, TERRENCE ☒ Delete  
 STREET ADDRESS 6471 S W 30TH STREET  
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE D  
 NAME HINDS, LYNDON R ☐ Delete  
 STREET ADDRESS 3748 JACKSON BOULEVARD  
 CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:** *Lyndon R. Hinds* President 4/17/02 954/263-8590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)