

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90019 002 \*\*\*150.00

**DOCUMENT # P01000094342**

1. Entity Name  
**UNIQUE PRODUCTS SOUTH, INC.**



Principal Place of Business  
**6630 NW 114TH AVE.  
#1508  
MIAMI, FL 33178**

Mailing Address  
**6630 NW 114TH AVE.  
#1508  
MIAMI, FL 33178**

**14000399**



2. Principal Place of Business  
**6854 SW 114th PL.  
#C**

3. Mailing Address  
**6854 SW 114th PL.  
#C**

01242004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-1141887**

Applied For  
☐ Not Applicable

Zip  
**33173**

Country  
**U.S.A**

Zip  
**33173**

Country  
**U.S.A**

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

6. Name and Address of Current Registered Agent  
**KURAMOTO, KYOKO  
6630 NW 114TH AVE.  
#1508  
MIAMI, FL 33178**

7. Name and Address of New Registered Agent  
Name  
**KURAMOTO, KYOKO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6854 SW 114th PL.  
#C**  
City  
**MIAMI** FL Zip Code  
**33173**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KURAMOTO, KYOKO 6630 NW 114TH AVE. #1508 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6854 SW 114th PL #C MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYOSHI, FUMIKO 217 PROSPECT STREET NUTLEY, NJ 07110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D KURAMOTO, MASAHIKO 6854 SW 114th PL #C MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Kyoko Kuramoto KYOKO KURAMOTO 3/15/04 305-275-0833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #