

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90289 010 ***150.00

0319612 AV

DOCUMENT # P01000094342

1. Entity Name
UNIQUE PRODUCTS SOUTH, INC.



Principal Place of Business
430 NW 127 AVE
MIAMI FL 33182

Mailing Address
430 NW 127 AVE
MIAMI FL 33182



2. Principal Place of Business

3. Mailing Address

6630 N.W. 114th Ave

6630 N.W. 114th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1508

#1508

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33178

Dade

33178

Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1141887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURAMOTO, KYOKO
430 NW 127 AVE
MIAMI FL 33182

Name

KURAMOTO, KYOKO

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

6630 N.W. 114th Ave

#1508

City

MIAMI

FL

Zip Code

33178

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **KURAMOTO, KYOKO**
STREET ADDRESS **430 NW 127 AVE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☒ Change ☐ Addition
NAME **KURAMOTO, KYOKO**
STREET ADDRESS **6630 N.W. 114th Ave #1508**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **D** ☐ Delete
NAME **MIYOSHI, FUMIKO**
STREET ADDRESS **217 PROSPECT STREET**
CITY-ST-ZIP **NUTLEY NJ 07110**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

305-436-8301

Date

Daytime Phone #

CR2E034 (10/02)