FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93594 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P02000~~ P01000117472

1. Entity Name

Unique Styles Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10368 nw 17th ST	11591 nw 39th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Coral Springs, FL	Coral Springs, FL
City & State	City & State
33071 US	33065 US
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3617408 3 ☐ 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: Beth Mclcoone

Street Address (P.O. Box Number is Not Acceptable): 11591 nw 39th ST

City: Coral Springs, FL 33065

FL

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Principle officer
NAME	James Griffis
STREET ADDRESS	10368 nw 17th ST
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: James Griffis 5-17-02 954-344-0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #