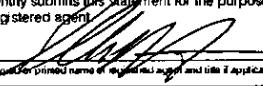


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91517 033 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10090017

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000043951</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                      |  |
| 1. Entity Name<br><b>UNIQUECON SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                       |  |
| Principal Place of Business<br><del>112 SW 7TH TERR.</del><br><del>HALLANDALE, FL 33009</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Mailing Address<br><del>112 SW 7TH TERR.</del><br><del>HALLANDALE, FL 33009</del>                                                                                                     |  |
| 2. Principal Place of Business<br><b>13309 NW 7TH AVE</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3. Mailing Address<br><b>13309 NW 7TH AVE</b><br>Suite, Apt. #, etc.                                                                                                                  |  |
| City & State<br><b>N. MIAMI FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | City & State<br><b>N. MIAMI, FL</b>                                                                                                                                                   |  |
| Zip<br><b>33168</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Zip<br><b>33168</b>                                                                                                                                                                   |  |
| Country<br><b>DADLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country<br><b>DADLE</b>                                                                                                                                                               |  |
| 4. FEI Number<br><b>74-3040 993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Applied For<br>Not Applicable                                                                                                                                                         |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>ELLIOTT, EDWARD D</b><br><del>412 SW 7TH TERR.</del><br><del>HALLANDALE, FL 33009</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13309 NW 7TH AVE</b><br>City <b>N. MIAMI</b> FL Zip Code <b>33168</b> |  |
| 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.<br>SIGNATURE  (NOTE: Registered Agent's signature required when resigning)<br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                      |  |                                                                                                                                                                                       |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PSTD<br/>ELLIOTT, EDWARD D<br/>13309 NW 7TH AVE.<br/>MIAMI, FL 33168</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VD<br/>ELLIOTT, CAMILLA<br/>13309 NW 7TH AVE.<br/>MIAMI, FL 33168</b> <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>4/25/03 305-681-5053</b><br>Date Daytime Phone #                                                                                                                                   |  |

CR2034 (10/02)