

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000005864

1. Entity Name
UNIQUE FLORIDA PROPERTIES, INC.



Principal Place of Business
**4210 SOUTH OCEAN BLVD.
UNIT #3
HIGHLAND BEACH, FL 33487**

Mailing Address
**4210 SOUTH OCEAN BLVD.
UNIT #3
HIGHLAND BEACH, FL 33487**



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGELLA, ANTHONY J
4210 SOUTH OCEAN BLVD.
UNIT #3
HIGHLAND BEACH, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

U000000272252
03/21/05-80080-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | D |
| NAME | LANGELLA, ANTHONY J |
| STREET ADDRESS | 4210 SOUTH OCEAN BLVD. UNIT #3 |
| CITY-ST-ZIP | HIGHLAND BEACH, FL 33487 |
| TITLE | D |
| NAME | LANGELLA, DYANN |
| STREET ADDRESS | 4210 SOUTH OCEAN BLVD. UNIT #3 |
| CITY-ST-ZIP | HIGHLAND BEACH, FL 33487 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 1-561-2437043
Date Daytime Phone #