


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90117 021 ***150.00

DOCUMENT # P03000061720	
1. Entity Name UNIQUE RESORTS CORPORATION	

Principal Place of Business 3015 N. OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308	Mailing Address 3015 N. OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308
---	---



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1566650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308

**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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT LANDAU, MARC J 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OTTINO, J.P. III 3015 N. OCEAN BOULEVARD, SUITE 121 FORT LAUDERDALE, FL 33308
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:  **Rebecca A Foster** 4/29/05 954.563.2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #