

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060782

1. Entity Name
UNIQUE RECORDING STUDIOS, INC.



Principal Place of Business

21218 ST ANDREWS BLVD STE 412
BOCA RATON, FL 33433

Mailing Address

21218 ST. ANDREWS BLVD #412
BOCA RATON, FL 33433

FILED
Jan 09, 2007 08:00 A
Secretary of State



01042007 No Chg-P CR2E034 (11/05)

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4. FEI Number
13-3312577

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT, NATHAN
21218 ST. ANDREWS BLVD #412
BOCA RATON, FL 33433

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERT, NATHAN
STREET ADDRESS	21218 ST. ANDREWS BLVD #412
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VS
NAME	JOANNE, GEORGIO-NATHAN
STREET ADDRESS	21218 ST. ANDREWS BLVD #412
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	JOANNE, GEORGIO-NATHAN
STREET ADDRESS	21218 ST ANDREWS BLVD #412
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80011-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/4/2007

Date

917 8TH JY03

Daytime Phone #