

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000063638

1. Entity Name
UNIQUE PROPERTY VENTURE CORP.



Principal Place of Business
1843 DEWEY STREET
HOLLYWOOD, FL 33020

Mailing Address
3265 NE 167 STREET
NORTH MIAMI BEACH, FL 33160

FILED

06 NOV 14 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-1243528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOLF, NATALIA~~
~~3265 NE 167 STREET~~
~~NORTH MIAMI BEACH, FL 33160~~

Name Becker & Poliakoff PA
Street Address (P.O. Box Number is Not Acceptable)
3111 STIRLING ROAD
Ft Lauderdale
City FL Zip Code 33312

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.D ☐ Delete
NAME SAJIUN, RICHARD W
STREET ADDRESS 105 W. 27 STREET
CITY-ST-ZIP NEW YORK, NY 10001

TITLE D ☐ Delete
NAME BRON, IGOR
STREET ADDRESS 501 SURF AVE #16J
CITY-ST-ZIP BROOKLYN, NY 11224

TITLE D ☒ Delete
NAME WOLF, NATALIA
STREET ADDRESS 3137 NE 163RD STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500081787465
11/13/06--01030--018 **105.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11/6/06

Daytime Phone #

(212) 675 2800