

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90402 040 ***150.00

DOCUMENT # P04000163351

1. Entity Name
UNIQUE URBAN WEAR, INC.



Principal Place of Business
**1675 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068**

Mailing Address
**1675 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0741872

Applied For
☐ Not Applicable

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

**SMITH, MARSHALL
2619 NW 7 STREET
POMPANO BEACH, FL 33069**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

VERNESSA ROBINSON
VERNESSA ROBINSON

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, MARSHALL	
STREET ADDRESS	3279 NW 43TH PLACE	
CITY-STATE-ZIP	OAKLAND PARK, FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, VERNESSA	
STREET ADDRESS	3120 NW 131ST STREET APT. 24	
CITY-STATE-ZIP	MIAMI, FL 33054	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, MARSHALL	
STREET ADDRESS	3279 NW 43 PLACE	
CITY-STATE-ZIP	OAKLAND PARK, FL 33309	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, VERNESSA	
STREET ADDRESS	3120 NW 131ST STREET APT. 24	
CITY-STATE-ZIP	OPA LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARSHALL	
STREET ADDRESS	3279 NW 43 PLACE	
CITY-STATE-ZIP	OAKLAND PARK, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

SMITH, MARSHALL
SMITH, MARSHALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

**305-494-8666
954-917-1663**

Date Daytime Phone #