

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000168970

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: UNIQUE ACTION MORTGAGE CORPORATION

## Current Principal Place of Business:

17801 NW 2ND AVE SUITE 207  
MIAMI, FL 33169

## New Principal Place of Business:

180 NW 183RD STREET  
SUITE 103  
MIAMI, FL 33169

## Current Mailing Address:

17801 NW 2ND AVE SUITE 207  
MIAMI, FL 33169

## New Mailing Address:

180 NW 183RD STREET  
SUITE 103  
MIAMI, FL 33169

FEI Number: 65-1238645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWANIKIN, JOSEPH A  
17801 NW 2ND AVENUE  
SUITE 207  
MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

OWANIKIN, JOSEPH A  
180 NW 183RD STREET  
SUITE 103  
MIAMI, FL 33169 US

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.

SIGNATURE: JOSEPH A. OWANIKIN

10/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MUNIS, TONY  
Address: 645 NW 50TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: VP ( ) Delete  
Name: OWANIKIN, JOSEPH A  
Address: 17801 NW 2ND AVENUE SUITE 207  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: ATIBA, PATRICK  
Address: 17100 NW 12TH AVENUE  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OWANIKIN, JOSEPH A  
Address: 180 NW 183RD ST. STE 103  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. OWANIKIN

VP

10/06/2006

Electronic Signature of Signing Officer or Director

Date