

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000078275

Entity Name: UNIEK ENTERPRISE, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

1112 WESTON RD, SUITE 49
WESTON, FL 33326

New Principal Place of Business:

1112 WESTON RD, SUITE 159
WESTON, FL 33326

Current Mailing Address:

1112 WESTON RD, SUITE 49
WESTON, FL 33326

New Mailing Address:

1112 WESTON RD, SUITE 159
WESTON, FL 33326

FEI Number: 20-4544908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSHION, SR, JAMES E
7225 CRANE AVENUE APT 22
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: JAMES E CUSHION SR

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: D () Delete
Name: CUSHION, JONTUE J
Address: 150 BONAVENTURE BLVD, APT 105
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: VARIETY, LERONCE B
Address: 1711 NW 87TH ST
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: CUSHION SR, JAMES E
Address: 7225 CRANE AVE APT 22
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E CUSHION SR

D

04/01/2008

Electronic Signature of Signing Officer or Director

Date