

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000101421

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** UNIQUE ADULT DAY CARE CENTER, INC.

**Current Principal Place of Business:**

5149 SW 8 ST  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5149 SW 8 ST  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 26-3709385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORTIZ, LIANY L  
770 NW 106TH AVE  
APT 5  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

ORTIZ, LIANY L  
5149 SW 8 ST  
MIAMI, FL 33134 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:** LIANY L ORTIZ

04/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ORTIZ, LIANY L  
**Address:** 5149 SW 8 ST  
**City-St-Zip:** MIAMI, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** LIANY L ORTIZ

P

04/22/2010

Electronic Signature of Signing Officer or Director

Date