

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90105 021 ***150.00

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DOCUMENT # P93000058342

1. Entity Name

UNIQUE EUROPEAN DESIGNS, INC.

Principal Place of Business

300 3 ISLAND BLVD
 APT PH 4 310
 HALLANDALE FL 33009
 US

Mailing Address

300 THREE ISLAND BLVD
 APT PH 4 310
 HALLANDALE FL 33009
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Apt 310

Suite, Apt. #, etc.

Apt 310

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0438803**

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

ROSENFELD, ALEXANDER M
18260 NE 19TH AVE
SUITE 202
MIAMI FL 33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **LOPEZ, ERDMUTE**
 CITY-ST-ZIP **300 3 ISL BLVD APT PH 4B**
HALLANDALE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **300 THREE ISLAND BLVD, SUITE 310**
 CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **FELSEN, CHRYSTAL S**
 CITY-ST-ZIP **% 18260 NE 19TH AVE SUITE 202**
NORTH MIAMI BEACH FL 33162

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2001

Date

954-458 8086

Daytime Phone #

CR2E034 (10/00)