

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 2:50

DOCUMENT # P94000061965 (7)

1. Corporation Name

UNIQUE BIOTECH, INC.

Principal Place of Business

1690 SW 1ST AVE SUITE 1C
MIAMI FL 33129

Mailing Address

1690 SW 1ST AVE SUITE 1C
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

4. FIC Number

65-0517554

Applied For

If Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under S. 190.032,
Florida Statutes.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BRANCHETTI, NORA
1690 SW 1ST AVE SUITE 1C
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent and State of Florida

Signature of Registered Agent or Registered Agent and State of Florida

12. OFFICERS AND DIRECTORS

1 NAME
D
BRANCHETTI, NORA
1690 SW 1ST AVE SUITE 1C
MIAMI FL 33129

11 NAME

12 NAME

13 NAME

14 NAME

15 NAME

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☐ Change ☐ Addition

12 NAME

13 NAME

14 NAME

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report as true and accurate and that my signature has been the same for all the years of my service under oath, that I am an officer or director of the corporation or the secretary of the corporation has empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 of this report. I do hereby certify that I am not a registered agent, officer, director, or an officer or director with an address.

SIGNATURE:

Nora Branchetti

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR SECRETARY

2/13/95 (312) 859-9038