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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P94000077346	(2)							
UNIQUE MORTGAGES INC.									

Principal Place of Business Mailing Address C/O BERNARD BASTACKY C/O BERNARD BASTACKY 1770 79TH STREET CAUSEWAY, APT. D 108 MIAMI FL 33141 1770 79TH STREET CAUSEWAY, APT. D 108 MIAMI FL 33141



3a. Date of Last Report

(305)

868-1140 Daggie Proge }

2/14/96

3. Date incorporated or Qualified

10/14/1994

					10/14/1994	06/16/1995				
Principal Place of Business		2a. Mailing Address			4. FF Number 65-060-88	845		Applied For		
		26	26			APPLIED FOR	•		Not Applicable	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27		• • • • • • • • • • • • • • • • • •		5. 55. 100 100 100 100 100 100 100 100 100 10		Fee	Required	
City & State City & State		/ & State			6. Election Campaign Financing		\$5.0	May Be		
23		28		-r= ·		Trust Fund Contribution		Adde	d to Fees	
Zip .::1	Country	Zip		Country	'	8. This corporation has lability for	•	ax under s	199.032,	
24	25	29	-,-,	[30]		L	□No			
·	9. Name and Address of Currer	it Registered	d Agent		,	10. Name and Address of New F	Registered	Agent		
				81	Name					
Bastacky, Bernard					82 Street Address (P.O. Box Number is Not Acceptable)					
1770 79TH STREET CAUSEWAY				didd: Addiess is its two noding to the nodification						
APT D 1	08			63	83					
■ MIAMI Fil	L 33141			بيميا		· · · · - · · · · · · · · · · · · ·				
				84	City		FL	85 Zıp	p Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607.150	08 Florida Statute	s the above t	l	ration submits this statement for the pur	cooco ot oby	ongina ita t	colaterad off's	
or registere	so agent, of Doth, in the State of Nora	iai. Suce crise	nge was authorize	d by the corp	oration's boa	and of directors. Thereby accept the app	ointment as	registered	l agent. I am	
IST. HILISH AALI	n, and accept the objections of, Sect	002005	Flori a Statutes.					_	-	
SIGNATURE _	Signature typed a printed name of registered and	and little it annical				ខ្ទាស់ក្រុង នៅកាស្ព				
12.	OFFICE'RS AN			13.	it Stift of the residence	· · · · · · · · · · · · · · · ·	DATE	DIDEOTO	50.01.16	
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NAM;	BASTACKY, BERNANRD						Ĺ		Montion	
	1770 79TH ST STE 208			1.2 NAME						
STREET ADDRESS				1.3 STREET	ADDRESS					
CITY ST ZIP	MIAMI FL			14 CITY - S	7 · ZIP					
THILE	D A		T DELETE	2 1 117LE				Change	Addition	
NAME	BASTCKY, HARVEY			2.2 NAME						
STREET ADDRESS	1181 SW 108TH TERR			2.3 STREE1	ADDRESS					
D/TY-ST-ZIP	DAVIE FL			2.4 CiTY+S	I - ZIP					
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STREET ADDRESS				3.3 STREET	AUDRESS					
CrTY - S1 - ZrP				3.4 CITY - S						
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STREET ADDRESS				4.2 MAGAL 4.3 STREET	ADDDECC					
CITY - S1 - ZIP										
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			Labrere				Ĺ	Change	☐ Addition	
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NAME				6.2 NAME		-03/20/9801/)14n			
STREET ADDRESS				6.3 STREE1	ADDRESS	***200 00		7.4		
CHY-ST ZIP				6.4 City - S	1 - 20F					
14. I do hereby certify that to oath: that I	ne momanor naceareo on mis aonn	ai report or si lation or the r	uppiemental annua receiver or trustee	hed and does al report is tru en:powered t	s not qualify f	or the exemption stated in Section 119, tle and that my signature shall have the s report as required by Chapter 607, Flo	pposo local	affaat na if	made under it my name	