

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90043 012 ***150.00

DOCUMENT # P94000077346

1. Entity Name
UNIQUE MORTGAGES INC.

Principal Place of Business C/O BERNARD BASTACKY 1770 79TH STREET CAUSEWAY, APT. D 108 MIAMI FL 33141	Mailing Address C/O BERNARD BASTACKY 1770 79TH STREET CAUSEWAY, APT. D 108 MIAMI FL 33141-4240
---	--

U I I O O O



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 532532 #	3. Mailing Address P.O. Box 550532
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT. LAUD FL	City & State FT. LAUD. FL
Zip 33355 Country USA	Zip 33355 Country USA

4. FEI Number 65-0608845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BASTACKY, BERNARD
 1770 79TH STREET CAUSEWAY
 APT D 108
 MIAMI FL 33141**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTACKY, BERNARD 1770 79TH ST STE 208 MIAMI FL <input checked="" type="checkbox"/> Delete DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTACKY, HARVEY 1181 SW 108TH TERR DAVIE FL 33324 <input type="checkbox"/> Delete BASTACKY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D HARVEY BASTACKY 1181 SW 108TH TERR DAVIE FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harvey Bastacky Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR