

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077346

1. Entity Name
UNIQUE MORTGAGES INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90326 009 ***150.00

Principal Place of Business
PO BOX 550532
FT LAUDERDALE FL 33355
US

Mailing Address
PO BOX 550532
FT LAUDERDALE FL 33355
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0608845

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BASTACKY, BERNARD
1770 79TH STREET CAUSEWAY
APT D 108
MIAMI FL 33141

DECEASED
DELETE

Name HARVEY BASTACKY
Street Address (P.O. Box Number is Not Acceptable)
1181 SW 108TH TERR
City DAVIE, FL Zip Code 33324

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 Harvey Bastacky

(NOTE: Registered Agent signature required when reinstating)

2-2-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D BASTACKY, HARVEY 1181 SW 108TH TERR DAVIE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01 954-424-8776
Date Daytime Phone #

CR2E034 (10/00)