

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000077346**

1. Entity Name

UNIQUE MORTGAGES INC. 

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**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0608845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASTACKY, HARVEY  
1181 SW 108 TERR  
DAVIE, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000099488  
03/31/04-80007-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BASTACKY, HARVEY  
STREET ADDRESS 1181 SW 108TH TERR  
CITY-ST-ZIP DAVIE, FL 33324

TITLE O  
NAME KEMPNER, MINDY  
STREET ADDRESS 100 POND ST  
CITY-ST-ZIP SHARON, MA 02067

TITLE O  
NAME SCHIKMAN, CAROL  
STREET ADDRESS 1342 S DOGWOOD DR  
CITY-ST-ZIP HARRISONBURG, VA 22801

TITLE O  
NAME SINGER, SHEILA  
STREET ADDRESS 618 HERON DR  
CITY-ST-ZIP DELRAY BEACH, FL 33344

TITLE O  
NAME BASTACKY, DANIEL  
STREET ADDRESS 3607 HERSHEY LN  
CITY-ST-ZIP TUCKER, GA 30084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04

Date

84-424-8776

Daytime Phone #