

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90149 044 \*\*\*150.00

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**BASTACKY, HARVEY  
1181 SW 108 TERR  
DAVIE FL 33324**

Name

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

City

**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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS IN 11

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

TITLE **O**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Mindy Kempner  
100 Pond Street  
Sharon, Ma. 02067**

☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **O**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Carol Schikman  
1342 S. Dogwood Dr.  
Harrisonburg, Va. 22801**

☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **O**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Sheila Singer  
618 Heron Dr.  
Delray Beach, FL 33344**

☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **O**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Daniel Bastacky  
3607 Hershey Lane.  
Tucker, Ga. 30084**

☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 BASTACKY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-6-03**

**954-424-8776**

CR2E034 (10/02)