

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083136

1. Entity Name  
**UNIQUE DOMAIN, INC.**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90094 026 \*\*\*150.00

Principal Place of Business  
**4100 N.E. 2ND AVE., SUITE 105**  
**MIAMI FL 33137**

Mailing Address  
**4100 N.E. 2ND AVE., SUITE 105**  
**MIAMI FL 33137**

2. Principal Place of Business  
**4100 NE 2ND AVENUE**

3. Mailing Address  
**4100 NE 2ND AVENUE**

Suite, Apt. #, etc.  
**SUITE #106**

Suite, Apt. #, etc.  
**SUITE #218**

City & State  
**MIAMI, FL**

City & State  
**MIAMI FL**

Zip  
**33137**

Country

Zip  
**33137**

Country

4. FEI Number **65-0534179**

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

**LEE, SYLVIA**  
**4100 N.E. 2ND AVE., SUITE 105**  
**MIAMI FL 33137**

Name  
**LEE, SYLVIA**

Street Address (P.O. Box Number is Not Acceptable)  
**4100 N.E. 2ND AVE., SUITE #218**

City  
**MIAMI**

FL

Zip Code  
**33137**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**  
**LEE, SYLVIA**  
**4100 N.E. 2ND AVE., SUITE 105**  
**MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change of Address ☐ Addition  
**4100 N.E. 2ND AVE., SUITE #218**  
**MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LEE, CHIEN**  
**4100 N.E. 2ND AVE., SUITE 105**  
**MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change of address ☐ Addition  
**4100 NE 2ND AVE., SUITE #218**  
**MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WONG, ALICE**  
**168 REGAL ROW**  
**DALLAS TX 75247** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LEE, LAM**  
**168 REGAL ROW**  
**DALLAS TX 75247** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: \_\_\_\_\_

**SYLVIA LEE**

**4/16/2001**  
Date

**(305) 573-1668**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)