

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90170 046 ***150.00

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DOCUMENT # P94000083136

1. Entity Name
UNIQUE DOMAIN, INC.

Principal Place of Business
4100 N.E. 2ND AVE., SUITE 106
MIAMI FL 33137

Mailing Address
4100 N.E. 2ND AVE., SUITE 106
MIAMI FL 33137

2. Principal Place of Business
4100 N.E. 2ND AVE.
 Suite, Apt. #, etc.
SUITE 218

3. Mailing Address
4100 N.E. 2ND AVE.
 Suite, Apt. #, etc.
SUITE 218

City & State
MIAMI, FL
 Zip
33137
 Country
USA

City & State
MIAMI, FL
 Zip
33137
 Country
USA

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

LEE, SYLVIA
4100 N.E. 2ND AVE., SUITE 218
MIAMI FL 33137

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **D LEE, SYLVIA**
 STREET ADDRESS **4100 NE 2ND AVE STE 213**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
 NAME **D LEE, CHIEN**
 STREET ADDRESS **4100 NE 2ND AVE STE 218**
 CITY-ST-ZIP **MIAMI FL 33137**

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 to this report, with all other like empowered.

SIGNATURE: _____

Sylvia Lee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002 **(305) 573-1668**
 Date Daytime Phone #

CR2E034 (9/01)