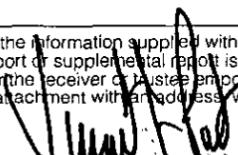


<b>DOCUMENT # P95000016841</b>					
1. Entity Name <b>UNIQUE BEACH PROPERTIES, INC.</b>					
Principal Place of Business <b>530 OCEAN DRIVE MIAMI BEACH FL 33139</b>			Mailing Address <b>530 OCEAN DRIVE MIAMI BEACH FL 33139-6616</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
<b>SHERMAN, THOMAS G 218 ALMERIA AVE. CORAL GABLES FL 33134</b>					Name - - -
					Street Address (
					City
8. The above named entity submits this statement for the purpose of changing its registered office or register					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta</b>		
<b>11. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD PASTORE, VINCENT J 1717 N. BISCAYNE DR., #3554 MIAMI FL 33132 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address with all other like empowered					
SIGNATURE:  <b>Vincent S. Pastore Pres</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

04-19-2000 90091 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-0560266</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHERMAN, THOMAS G</b> <b>218 ALMERIA AVE.</b> <b>CORAL GABLES FL 33134</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>				<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVSD			TITLE			
NAME	PASTORE, VINCENT J			NAME			
STREET ADDRESS	1717 N. BISCAYNE DR., #3554			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
	<input type="checkbox"/> Delete				<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: <i>Vincent J. Pastore</i>				<i>4/12/00 (305) 535-3505</i> <small>/Date Daytime Phone #</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							