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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019278 1. Corporation Name UNIQUE INDUSTRY CORPORATION OF SOUTH FLORIDA, II C.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90024 012 ***150.00

UNIQUE C.	INDUSTRY CORPORATIO		., IN						
Principal Place	e of Business	Mailing Address]	- 120-12-07 (18 12:07 511)			
11701 NW 102	ROAD	11701 NW 102 ROAD							
SUITE 17	170	SUITE 17 MEDLEY FL 33178			1	DO NO	OT WRITE IN T	HIS SPACE	
MEDLEY FL 33178 MEDLEY FL 33178						3. Date incorporated or Qualifed			
					0	3/07/1995			
2 Principal P	Tace of Business	2a. Mailing Address				El Number		Apr	plied For
21		26			6	5-0574705		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status De	sired	\$8.75 A	
22		27				70.01.00.15 O1 O12-11- 2-0		Fee Re	
City & Stat	te	City & State				lection Campaign Fin		\$5.00	-
23		28				rust Fund Contributio		Added to	o rees
Zip	Country	Zip	Cont	ntry		This corporation owes		r Intangible ☑Yes -	□No
24	25	29	30			Personal Property Tax			
	g. Name and Address of Curr	rent Registered Agent		04 Na	10. 5	lame and Address o	MAN MAGIZIO	BU Agent	
	OOME VESTOR W		j	81 Name					
	COMB, VICTOR W		ł	82 Street A	vddress (P.C). Box Number is Not	Acceptable)		
	S HYDE PARK AVE		ļ						
Į IAM	IPA FL 33606			83					*
1			•	84 City				85 - Zip Q	ode
						• • •		<u> </u>	roalstand
11. Pursuant office or ragent la	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familier with, and accept the obl	0502 and 607.1508, Floride Stati ate of Florida. Such change was ligations of, Section 607.0505, F	utes, the at authorized lorida Statu	ove-named c by the corpor ites.	orporation s ration's boar	gubmits this statemen rd of directors, I here	t for the purpos by accept the a	e of changing its ppointment as re	gislered
SIGNATURE	Signature, typed or prohibit name of registered	agent and title if applicable. (NO	TE: Flagistered	ove-named c by the corpor ites.	guired when rein	nstelling)	DATI	E	
SIGNATURE	Signature, typed or printed nerite of fagistered OFFICERS	agent and title if applicable. (NO	TE: Flagistered	agent signature rec	guired when rein	_	DATI	E	
SIGNATURE 12.	Signature, typed or prohild name of registered OFFICERS	agent and title if applicable. (NO	TE: Registered 13.	Agent signaturé rec	guired when rein	nstelling)	DATI	S AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or prohild name of ragistered OFFICERS PD LEE, ROBERT Y	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 TIT 1.2 NA	Agant signature rec LE	guired when rein	nstelling)	DATI	S AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or profiled name of registered OFFICERS PD LEE, ROBERT Y 11701 NW 102ND ROAD, SL	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	Agant signature rec LE ME REET ADDRESS	guired when rein	nstelling)	DATI	S AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or profiled name of registered OFFICERS PD LEE, ROBERT Y 11701 NW 102ND ROAD, SL MEDLEY FL	agent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	Agant signature rec LE ME REET ADDRESS Y-ST-ZIP	guired when rein	nstelling)	DATI	S AND DIRECTO	RS IN 12
SIGNATURE 12. TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typod or prohibid name of registered. OFFICERS PD LEE, ROBERT Y 11701 NW 102ND ROAD, SL MEDLEY FL VTSD	agent and title if applicable. (NO AND DIRECTORS	13, 1,1 TIT 12 NA 1,3 STI 1,4 CIT 2,1 TIT	Agent signature rec LE ME REET ADDRESS Y-ST-ZIP LE	guired when rein	nstelling)	DATI	E S AND DIRECTO ☐ Change	RS IN 12
SIGNATURE 12. TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or prohibit name of registered OFFICERS PD LEE, ROBERT Y 11701 NW 102ND ROAD, SL MEDLEY FL VTSD LEE, MARISA M.	agent and title if applicable. (NO AND DIRECTORS DELETE JITE 17	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agant signature nec LE ME; REET ADDRESS Y-ST-ZIP LE ME	guired when rein	nstelling)	DATI	E S AND DIRECTO ☐ Change	RS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____

THE GUIRENMY HUNDS DI-28-99 BOSESS-446

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