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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90024 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000019278

1. Corporation Name

 UNIQUE INDUSTRY CORPORATION OF SOUTH FLORIDA, IN
 C.

Principal Place of Business

 11701 NW 102 ROAD
 SUITE 17
 MEDLEY FL 33178

Mailing Address

 11701 NW 102 ROAD
 SUITE 17
 MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

65-0574705

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

 HOLCOMB, VICTOR W
 415 S HYDE PARK AVE
 TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE
 TITLE PD
 NAME LEE, ROBERT Y
 STREET ADDRESS 11701 NW 102ND ROAD, SUITE 17
 CITY-ST-ZIP MEDLEY FL

 TITLE VTSD
 NAME LEE, MARISA M.
 STREET ADDRESS 11701 NW 102ND ROAD, SUITE 17
 CITY-ST-ZIP MEDLEY FL

 TITLE D
 NAME HUANG, JIMMY
 STREET ADDRESS 11701 NW 102ND ROAD, SUITE 17
 CITY-ST-ZIP MEDLEY, FL

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRE JIMMY HUANG 01-28-99 305688-4466

CR2E034 (11/98)