

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2002**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90194 024 \*\*\*150.00

DOCUMENT # P95000019278

1. Entity Name

UNIQUE INDUSTRY CORPORATION OF SOUTH FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11701 NW 102ND ROAD

Suite, Apt. #, etc.

SUITE 17

City & State

MEDLEY, FL

Zip

33178

Country

3. Mailing Address

11701 NW 102ND ROAD

Suite, Apt. #, etc.

SUITE 17

City & State

MEDLEY, FL

Zip

33178

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0574705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HOLCOMB, VICTOR W

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

106 S. TAMPANIA

SUITE 200

City

TAMPA

FL

Zip Code

33609

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2002

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623-5599