

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000044656 (3)

1. Corporation Name

UNLIMITED CONCEPTS GROUP #2, INC.



Principal Place of Business

1493 SOUTH DIXIE HIGHWAY  
LANTANA FL 33462

Mailing Address

1493 SOUTH DIXIE HIGHWAY  
LANTANA FL 33462

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0588229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~  
~~340 ALMERIA AVENUE~~  
~~CORPORALES FL 33134~~

81 Name

Ronald L Solomon

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

7642 LA Corniche Circle

83

84 City

Boca Raton

FL

85 Zip Code

33433

11. Pursuant to the provisions of Sections 607.0102 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SOLOMON, RONALD L  
STREET ADDRESS 4511 SOUTH OCEAN BLVD., SUITE 806  
CITY - ST - ZIP HIGHLAND BEACH FL 33487

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

~~Solomon, Ronald L~~ Change ☐ Addition  
7642 LA Corniche Circle  
Boca Raton, FL 33433

TITLE STD ☐ DELETE  
NAME SOLOMON, ARLENE  
STREET ADDRESS 4511 SOUTH OCEAN BLVD., SUITE 806  
CITY - ST - ZIP HIGHLAND BEACH FL 33487

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

Solomon, Arlene Change ☒ Addition  
7642 LA Corniche Circle  
Boca Raton, FL 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

582-4554  
407-582-5554

CR2E034 (12/95)