

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90094 003 ***150.00

DOCUMENT # P96000001423

1. Entity Name
UNIQUE ORLANDO, INC.

Principal Place of Business

Mailing Address

~~1515 SOUTH FEDERAL HWY~~
~~SUITE 211~~
~~BOCA RATON FL 33432~~

~~1515 SOUTH FEDERAL HWY~~
~~SUITE 211~~
~~BOCA RATON FL 33432~~

2. Principal Place of Business

3. Mailing Address

315 SE MIZNER BLVD
 Suite, Apt. #, etc.
STE 208

315 SE MIZNER BLVD
 Suite, Apt. #, etc.
STE 208

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33432 Country **US**

Zip
33432 Country **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3125104**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAX DENNIS,
~~1515 SOUTH FEDERAL HWY SUITE 211~~
~~BOCA RATON FL 33432~~

Name **MAX DENNIS**
 Street Address (P.O. Box Number is Not Acceptable)
315 SE MIZNER BLVD
STE 208
 City **BOCA RATON** FL Zip Code **33432**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAX, DENNIS 1515 SOUTH FEDERAL HWY SUITE 211 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RAPPORT, BURT 1515 SOUTH FEDERAL HWY SUITE 211 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CATALFUMO, DAN 1515 SOUTH FEDERAL HWY SUITE 211 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAX, PATTI 1515 SOUTH FEDERAL HWY SUITE 211 BOCA RATON FL 33432	<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	DP MAX DENNIS 315 SE MIZNER BLVD-STE 208 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RAPPORT, BURT 315 SE MIZNER BLVD-STE 208 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CATALFUMO, DAN 315 SE MIZNER BLVD-STE 208 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Max

Date

4-26-01

Daytime Phone #

CR2E034 (10/00)