FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006896 (0)

UNIQUE PAPER CREATIONS, INC.

FILED
Jan 22 1998 8:00am
Secretary of State



Principal Place	of Business	Mailing	Mailing Address						• •• •• •				
11841 N.W.	11 PLACE	1184	11841 N.W. 11TH PLACE										
1.5	INGS FL 33071		CORAL SPRINGS FL 33071 US				DO NOT WRITE IN THIS SPACE						
UŞ		US						3. Date Incorporated or Qualified					
										2 0			
2. Principal Pi	lina Addrosa					01/19/1996 4. FEI Number		- 1 1	Applied For				
	ace or business	— —	2a. Mailing Address					-:			Not Applicable		
21 Suite, Apt. 4	# #10		Suite, Apt. #, etc.					65-0645141		60 7	5 Additional		
	a, BIC.	<u> </u>	27					5. Certificate of Status Desired			Required		
City & State			City & State					C Floring Compaign Financia			0 May Be		
23	,	— <u> </u>	28					 Election Campaign Financing Trust Fund Contribution 	"		nd may be ed to Fees		
Zip		Country		Zip Country					B. This corporation owes or has paid the current year Intangible				
24	25 29				30				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Age									10. Name and Address of New Registered Agent				
C.				81 Name									
GREENE, WILLIAM 4698 N.W. 103RD AVE.													
	UNRISE FL 33						Street Address (P.O. Box Number is Not Acceptable)						
3(UNNISE PL 33			83									
						"							
						84	City			FL	85 Z	ip Code	
	-				,	Щ.							
11, Pursuant to	o the provisions epistered agent	s or Sections 607.t . or both, in the St	J502 and 607.19 ate of Florida. S	oos, Fiorida Statu uch change was	utes, the a authorize	above ed by	e-name / the c	eo corpo orporatio	ration submits this statement for the board of directors. I hereby ac	ie purpose o cept the app	r changing wintment	as registered	
agent. I ar	n familiar with, a	and accept the ob	ligations of, Sec	tion 607.05 0 5, F	lorida Sta	atutes	S.	•	n's board of directors. I hereby at				
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE Re							ent signat	ure required	d when reinstating)	DATE	DIRECT	000 111 40	
12.		OFFICERS A	AND DIRECTOR		13.				ADDITIONS/CHANGES TO O	FICERS AND	Chang		
TITL€	D	M BELLE		☐ DELE te		TITLE						e LJ Addition	
NAME	SUSSNO	-		. 1.2 NAME									
STREET ADDRESS	11841 N.			1.3 STREET ADDRESS			s						
CITY-ST-ZIP	CORAL S	Prings FL 330	71		1.4 (CITY - S	1- ZIP						
TITLE				☐ DELE TE	2.11	IITLE					☐ Chang	e L Addition	
NAME					2.21	IAME							
STREET ADDRESS					2.3 9	TREET	ADDRES	s					
City-ST-ZIP					2.4	CITY - !	ST-ZIP						
TITLE				☐ DELETE	3.1	HTLE					L Chang	e L Addition	
NAME					3.21	MAME							
STREET ADDRESS					3.3 9	STREET	ADDRES	s					
CITY-ST-ZIP					3.4.	CITY-	ST-ZIP						
TITLE				DELETE	4.1 1	UTLE					☐ Chang	e Addition	
NAME					4.2	NAME							
STREET ADDRESS					4.3 9	STREET	ADORES	s					
City-St-ZiP						CITY - S							
TITLE			-	DELETE		IITLE	-".				Chang	e Addition	
NAME					ı	NAME							
STREET ADDRESS							ADDRES	s					
					1	DITY-S		<u> </u>					
CITY-ST-ZIP TITLE				DELETE		ITTLE	11 - 41F	-			Chang	e Addition	
				grand white the		NAME					8		
NAME DAUGGA ADDDGGG							ADDDCA						
STREET ADDRESS							ADDRES	٥					
CITY-ST-ZIP	ertify that the in	formation purplies	N with this files	done not cualify		CITY-S		ated in S	Section 119.07(3)(i), Florida Statute	s I further ce	ertify that t	he information	
indicated of	on this annual r	a port or suppleme	ental annual reo	ort is true and ac	ccurate ar	nd th	at my :	sianature	e shall have the same legal effect :	as if made un	ider oath;	that I am an	
officer or o	director of the c	orporation or the r anged, or on an a	eceiver or truste	ee empowe red to	execute	this	report	as requi	red by Chapter 607, Florida Statut	es; and that i	ту пате	appears in	
DIQUK 12 C	ווט וו כו אטטופו וכ	anyou, or un all a	accommone with	ur, audiess.					<i>I 1</i>				