

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041562

1. Entity Name

UNIQUE ELEMENTS INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90039 012 ***150.00

Principal Place of Business

141 NORTHEAST 3RD AVE 7TH FLOOR
MIAMI FL 33132

Mailing Address

11397 W FLAGLER ST
MIAMI FL 33174-1197

2. Principal Place of Business

3. Mailing Address

11397 West Flagler St

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

miami, FL 33174

City & State

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

65-0664489

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

BAZAN, M.Z.

141 NE 3 AVENUE, 7TH FLOOR
MIAMI FL 33132

Name

BAZAN, M.Z.

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

11397 West Flagler St

miami, FL 33174

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS CRUZ, AILEEN
CITY-ST-ZIP 141 NW 3RD AVENUE 7TH FLOOR
MIAMI FL 33132

TITLE ☒ Change ☐ Addition
NAME D CRUZ, Aileen
STREET ADDRESS 11397 West Flagler ST
CITY-ST-ZIP Miami, FL 33174

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, ALBERTO A
CITY-ST-ZIP 141 NW 3RD AVENUE 7TH FLOOR
MIAMI FL 33132

TITLE ☐ Change ☐ Addition
NAME D GARCIA, ALBERT A
STREET ADDRESS 11397 West Flagler ST
CITY-ST-ZIP Miami, FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (305) 227-2222
Date Daytime Phone #

CR2E034 (9/99)