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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90011 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092601

1. Corporation Name

UNIQUE PROPERTY MANAGEMENT SYSTEMS INC.

Principal Place of Business

2401 S.E. GILLETTE AVENUE
PORT ST. LUCIE FL 34952

Mailing Address

2401 S.E. GILLETTE AVENUE
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

65-0716755

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DEJESUS, ESTHER
2001 SE VAN KLEFF AVE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

MIGUEL A. GONZALEZ

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

2401 SE GILLETTE AVE

83

PORT ST LUCIE

84 City

PORT ST LUCIE

FL

85 Zip Code

34952

11. Pursuant to the provisions of Sections 607.0502 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

MIGUEL A. GONZALEZ

4-26-99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DEJESUS, ESTHER
STREET ADDRESS 2001 SE VAN KLEFF AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE DS ☐ DELETE

NAME GONZALEZ, MIGUEL A JR.
STREET ADDRESS 2001 S.E. VAN KLEFF AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE DT ☐ DELETE

NAME GONZALEZ, MIGUEL A
STREET ADDRESS 2001 S.E. VAN KLEFF AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME MIGUEL A. GONZALEZ
1.3 STREET ADDRESS 2401 SE GILLETTE AVE
1.4 CITY-ST-ZIP PORT ST LUCIE FL 34952

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME MIGUEL A. GONZALEZ
2.3 STREET ADDRESS 2401 SE GILLETTE AVE
2.4 CITY-ST-ZIP PORT ST LUCIE FL 34952

3.1 TITLE DT ☒ Change ☐ Addition

3.2 NAME CARMEN GONZALEZ
3.3 STREET ADDRESS 2401 SE GILLETTE AVE
3.4 CITY-ST-ZIP PORT ST LUCIE FL 34952

4.1 TITLE DV ☒ Change ☐ Addition

4.2 NAME ESTHER DE JESUS
4.3 STREET ADDRESS 2001 SE VAN KLEFF AVE
4.4 CITY-ST-ZIP PORT ST LUCIE FL 34952

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME EDWARD KOTCH
5.3 STREET ADDRESS 1335 ST LUCIE WEST BLVD, SUITE 140
5.4 CITY-ST-ZIP PORT ST LUCIE FL 34986

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

CARMEN GONZALEZ TREASURER

4-26-99

Date

Daytime Phone #

CR2E034 (1/98)