

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004322

1. Entity Name

UNIQUE NECESSITIES, INC.

f

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90003 043 \*\*\*150.00

Principal Place of Business

11767 SOUTH DIXIE HIGHWAY  
SUITE 255  
MIAMI FL 33156  
US

Mailing Address

11767 SOUTH DIXIE HIGHWAY  
SUITE 255  
MIAMI FL 33156  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0720670

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

GILBERT, MICHAEL  
11767 SO DIXIE HIGHWAY  
~~SUITE 255~~ *PO BOX 255*  
MIAMI FL 33156

Name

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

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

*Michael I. Gilbert*  
*Michael I. Gilbert*

(NOTE: Registered Agent signature required when reinstating)

*7/27/00*  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
STREET ADDRESS GILBERT, MICHAEL  
CITY-ST-ZIP 11767 SO DIXIE HIGHWAY #255 #255  
MIAMI FL 33156

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 all other like empowered.

SIGNATURE:

*Michael I. Gilbert*  
*Michael I. Gilbert*  
MICHAEL I. GILBERT  
PRESIDENT

*7/27/00 (305) 232-5466*  
DATE Daytime Phone #

CR2E034 (5/00)

Attachment  
P97000004322  
0076177

To: Florida Dept of State  
Divisions of Corporations

7/27/00

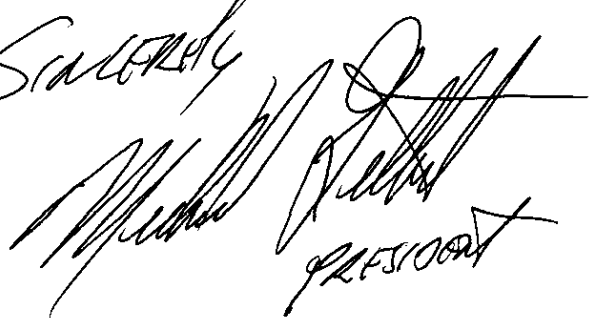
Dear Sir: Re. Doc. # P97000004322

Enclosed is my payment for MY  
Corporation Unique Necessities, Inc  
FEIN # 65-0720670

I never received the 1<sup>st</sup> Notice of  
Payment Due! I spoke to Leslie at  
the Annual Reports Dept and she told me to  
send in \$150.<sup>00</sup> AS I NEVER RECEIVED MY  
1<sup>st</sup> Notice of Payment Due!

I Thank you for your kind Attention  
in this matter!

2-eds

Sincerely,  
  
Michael J. Prescott