

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90181 012 ***150.00

0268079 AV

DOCUMENT # P97000004322

1. Entity Name
UNIQUE NECESSITIES, INC.



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

☐ CHECK HERE IF MAKING CHANGES

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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GILBERT, MICHAEL
11767 SO DIXIE HIGHWAY #255
MIAMI FL 33156** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all changes empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-03

Date

[Signature]
Daytime Phone #

CR2E034 (10/02)

attachment

90135589

#P97000004322

To: Division of Corporations
TALLAHASSEE, FL 32302

Re: Unique Necessities, Inc. FEIN #65-072067

Dear Sirs:

Enclosed Please Find my Annual Report (VBR)

For Unique Necessities, Inc. with my
check for \$150.00

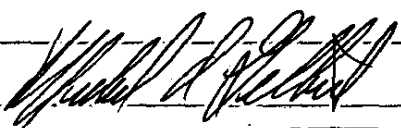
I WAS OUT OF TOWN AND WAS
NOT ABLE TO MAIL REPORT & PAYMENT

UNTIL TODAY AND YOUR REP MARK JACOBS

TOLD ME TO SEND THIS NOTE AND NO LATE

CHARGES WILL BE ASSESSED.

Sincerely,



X Michael Gilbert