

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064031

1. Entity Name

UNIQUE Y, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90101 037 \*\*\*150.00

Principal Place of Business

Mailing Address

7864 NW 62ND ST  
MIAMI FL 33166  
US

7864 NW 62ND ST  
MIAMI FL 33166-3306  
US

2. Principal Place of Business

3. Mailing Address

8650 NW 58 ST

8650 NW 58 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0776189

Applied For

Not Applicable

Zip

Country

33166

DADE

Zip

Country

33166

DADE

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

MARTIN, PABLO  
1066 WEST 28TH ST  
HIALEAH FL 33010

Name

Martin, Pablo

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

20520 SW 84 AVE

City

MIAMI

FL

Zip Code

33189

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPT	ZAMUDIO, VANESSA	7864 NW 62ND ST	MIAMI FL 33166	<input type="checkbox"/>	DPT	ZAMUDIO, VANESSA	20520 SW 84 AVE	MIAMI, FL 33189	<input checked="" type="checkbox"/>
DVPT	MARTIN, PABLO	1066 W 28TH ST	HIALEAH FL 33010	<input type="checkbox"/>	DVPT	Martin, Pablo	20520 SW 84 AVE	MIAMI, FL 33189	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 305-599-0076

Date

Daytime Phone #

CR2E034 (9/99)