

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065104

1. Entity Name

UNIQUE APARTMENTS, INC.

Principal Place of Business

Mailing Address

1777 POLK ST  
SUITE 1J  
HOLLYWOOD FL 33020  
US

1777 POLK ST  
SUITE 1J  
HOLLYWOOD FL 33020  
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 65-0773068

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

KASIMOW, STEVEN  
1777 POLK ST. SUITE 1J  
HOLLYWOOD FL 33020

Name Perl, Bezael

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

315 N. Federal Hwy

City Hollywood

FL

Zip Code 33020

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

*Ben Perl*

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

(NOTE: Registered Agent signature required when reinstating)

1/10/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PERL, BEZAELE	
STREET ADDRESS	3 PINE DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797-1509	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PERK, JUDITH	
STREET ADDRESS	3 PINE DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797-1509	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KASIMOW, STEVEN	
STREET ADDRESS	21405 N.E. 19TH COURT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perl, Bezael	
STREET ADDRESS	3501 Southern Orchard Rd	
CITY-ST-ZIP	Davie, FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perl, Judith	
STREET ADDRESS	3501 Southern Orchard Rd	
CITY-ST-ZIP	Davie, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ben Perl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01

Daytime Phone #

954 921-6300

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90033 032 \*\*\*158.75

00006969



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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