

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90038 010 \*\*\*158.75

**DOCUMENT # P97000065104**

1. Entity Name

UNIQUE APARTMENTS, INC.



Principal Place of Business

1777 POLK ST  
SUITE 1J  
HOLLYWOOD FL 33020  
US

Mailing Address

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



1st MOORE

CR2E034 (10/04)

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

PERL, BEZALEL  
215 N FEDERAL HWY  
HOLLYWOOD FL 33020

Name

PERL, BEZALEL  
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, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ben Perl* PERL BEZALEL

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, 2005 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 PD ☐ Delete  
NAME PERL, BEZALEL  
STREET ADDRESS 3 PINE DRIVE  
CITY-ST-ZIP WOODBURY NY 11797-1509

TITLE PD ☒ Change ☐ Addition  
NAME PERL BEZALEL  
STREET ADDRESS 3501 SOUTHERN ORCHARD RD  
CITY-ST-ZIP DAVIE, FL 33328

TITLE VPD ☐ Delete  
NAME PERK, JUDITH  
STREET ADDRESS 3 PINE DRIVE  
CITY-ST-ZIP WOODBURY NY 11797-1509

TITLE VPD ☒ Change ☐ Addition  
NAME PERL JUDITH  
STREET ADDRESS 3501 SOUTHERN ORCHARD RD  
CITY-ST-ZIP DAVIE, FL 33328

TITLE SD ☐ Delete  
NAME KASIMOW, STEVEN  
STREET ADDRESS 21405 N.E. 19TH COURT  
CITY-ST-ZIP MIAMI FL 33179

TITLE SD ☐ Change ☐ Addition  
NAME KASIMOW, STEVEN  
STREET ADDRESS 2110 N.E. 211 STREET  
CITY-ST-ZIP MIAMI, FL 33179

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

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 other like empowered.

SIGNATURE:

*Ben Perl* *PD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05

Date

954 9216300

Daytime Phone #