

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90113 042 ***158.75

DOCUMENT # P97000091771

1. Entity Name

UNIQUE PRODUCTS & SERVICES, INC.

Principal Place of Business

Mailing Address

1820 NE 142ND ST., #5C
N. MIAMI FL 33181**1820 NE 142ND ST., #5C**
N. MIAMI FL 33181-1522

2. Principal Place of Business

3. Mailing Address

14020 BISCAYNE
BOULEVARD #513

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH MIAMI FL

City & State

33181

Country

US

Zip

Country

4. FEI Number

65-0790895

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

ULYSSE, KATHLEEN M
1820 NE 142ND ST., #5C
N. MIAMI FL 33181

Name

Edner ULYSSE

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

14020 BISCAYNE BOULEVARD #513

City

NORTH MIAMI

FL

Zip Code

33181

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

*Edner Ulysse***Edner ULYSSE PTDS****4/17/2000**

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 **DS** ☒ Delete
NAME **ULYSSE, KATHLEEN M**
STREET ADDRESS **1820 NE 142ND ST., #5C**
CITY-ST-ZIP **N. MIAMI FL 33181**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PT** ☐ Delete
NAME **ULYSSE, EDNER**
STREET ADDRESS **1820 NE 142ND ST, 5C**
CITY-ST-ZIP **NORTH MIAMI FL 33181**TITLE **DS** ☐ Change ☒ Addition
NAME **Edner ULYSSE**
STREET ADDRESS **14020 BISCAYNE BOULEVARD**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edner Ulysse
Edner ULYSSE PTDS**4/17/2000**

Date

Daytime Phone #

(305)**944 9034**

C-1 03/19/99