

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091771

1. Entity Name

UNIQUE PRODUCTS & SERVICES, INC.

Principal Place of Business

Mailing Address

14020 BISCAYNE BLVD #513
N. MIAMI FL 33181
US

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

2. Principal Place of Business

3. Mailing Address

301 NE 180 DRIVE
Suite, Apt. #, etc.

301 NE 180 DRIVE
Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

US

Zip

33162

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULYSSE, EDNER
14020 BISCAYNE BLVD
#513
N. MIAMI FL 33181

301 NE 180 DRIVE
NORTH MIAMI BEACH, FL
33162

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.

SIGNATURE

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

Edner ULYSSE PT DS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ULYSSE, EDNER
1820 NE 142ND ST, 5C
NORTH MIAMI FL 33181 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT DS
ULYSSE Edner
301 NE 180 DRIVE
NORTH MIAMI BEACH, FL 33162 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ULYSSE, EDNER
14020 BISCAYNE BLVD
N MIAMI FL 33181 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Edner Ulysse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90189 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)