

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90161 044 ***158.75

DOCUMENT # **P 97000091771**

1. Entity Name

UNIQUE PRODUCTS & SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 NE 191 st

3. Mailing Address

1201 NE 191 st

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

FLORIDA

City & State

FLORIDA

NORTH MIAMI BEACH

NORTH MIAMI BEACH

Zip

33179

Country

US

Zip

33179

Country

US

4. FEI Number

65-0790895

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Edner Ulysse

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

1201 NE 191 st # 101

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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.

Edner Ulysse PTDS

4/25/2002

(NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PTAS
NAME	EDNER ULYSSE
STREET ADDRESS	1201 NE 191 st
CITY - ST - ZIP	33179 # 101, NORTH MIAMI BEACH, FLORIDA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edner Ulysse

Edner Ulysse PTDS 4/25/2002 (305) 856-5508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)