

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102923

1. Entity Name

UNIQUE IMAGE WORLDWIDE CORP.

Principal Place of Business

Mailing Address

263 COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308

263 COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308-4418

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 65-0799234

Applied For
Not Applied

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 Fee

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LORENZINI, KATHRYN M
STREET ADDRESS 263 COMMERCIAL BLVD
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete

TITLE VD
NAME BRANDT, GLORIA L
STREET ADDRESS 263 COMMERCIAL BLVD
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete

TITLE STD
NAME BRANDT, ELAINE D
STREET ADDRESS 263 COMMERCIAL BLVD
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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

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

SIGNATURE: *Kathryn M. Lorenzini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 954-202-59
Date Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90014 033 ***150.00

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DO NOT WRITE IN THIS SPACE