

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020179

1. Entity Name

UNIQUE CRAFT CORPORATION

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90020 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1019 N.W. 26TH AVE.  
 FL 33125

1019 N.W. 26TH AVE.  
 MIAMI FL 33126-5754

ABU000070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2911 GRAND AVE.

261 N.W. 39 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0821258

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33126

Country

USA

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

REYNALDOS, MARY CARMEN

1019 N.W. 26TH AVE. 261 N.W. 39 AVE.  
 MIAMI FL 33125 MIAMI, FL. 33126

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

*MCR Reynaldos*

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

(NOTE: Registered Agent signature required when reinstating)

04/25/00

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 ☐ Delete  
 NAME D  
 STREET ADDRESS REYNALDOS, MARY CARMEN  
 CITY-ST-ZIP 1019 N.W. 26TH AVE. 261 N.W. 39 AVE.  
 MIAMI FL 33125 MIAMI, FL. 33126

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

TITLE ☐ Delete  
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 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:

*MCR Reynaldos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00 (305) 441-8181

Date

Daytime Phone #

CR2E034 (9/99)