

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90112 012 \*\*\*150.00

0152458 FP

**DOCUMENT # P98000089706**

1. Entity Name

**UNIQUE PROFESSIONAL SERVICE, INC.**



Principal Place of Business

**2344-46 NW 7TH STREET  
MIAMI FL 33125**

Mailing Address

**2344-46 NW 7TH STREET  
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0871349**

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

**HERNANDEZ, GRISELL  
2344-46 NW 7TH STREET  
MIAMI FL 33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Grisell Hernandez*

*8/15/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, GRISELL 2344-46 NW 7TH STREET MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Grisell Hernandez*  
**RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/15/03* (305) 649-6090  
Date Daytime Phone #

CR2E034 (4/03)

15

Attachment#

8/15/05

To Florida Department: 80139738  
P98000089706

In Orisell Hernandez please I need  
to speak with someone because, I  
never received the First Notice to  
pay the corporation fees, and I  
tried to contact with your department  
but I can not connected with someone  
I have a message and nothing happens  
please. I need your cooperation on this  
matter

Call me, if is possible to forget the  
penalty because is not my fault.

Sincerely and I appreciate

Note: For help.

(305) 649-6090 Orisell Hernandez