

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90017 050 ***158.75

DOCUMENT # P99000033142
1. Entity Name
Unique Holdings, Inc.

Principal Place of Business 1540 S.E. 17th Street
Fort Lauderdale, FL 33316

2. Principal Place of Business 1540 SE 17th St.
3. Mailing Address Same
Suite, Apt. #, etc.

City & State Ft. Lauderdale, FL
Zip 33316 **Country** U.S.A.

4. FEI Number 65-0917576
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Paul Hugo
1540 SE 17th St
Ft. Lauderdale, FL 33316

7. Name and Address of New Registered Agent
Name Nicole S. Alexander
Street Address (P.O. Box Number is Not Acceptable)
1540 SE 17th Street
City Ft. Lauderdale **FL** **Zip Code** 33316

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 X [Signature] **DATE** 4/17/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE <u>Paul Hugo</u> NAME <u>President</u> STREET ADDRESS <u>1540 SE 17th St</u> CITY-ST-ZIP <u>Ft. Lauderdale FL 33316</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>President</u> NAME <u>Paul Ippolito</u> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>Secretary + Treasurer</u> NAME <u>Nicole Alexander</u> STREET ADDRESS <u>1540 SE 17th St</u> CITY-ST-ZIP <u>Ft. Lauderdale, FL 33316</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] **DATE** 4/17/00 **Daytime Phone #** 954-763-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)