

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000033142**1. Entity Name  
UNIQUE HOLDINGS, INC.

## Principal Place of Business

1540 SE 17TH STREET

FORT LAUDERDALE  
33301

FL

## Mailing Address

1540 SE 17TH STREET

FORT LAUDERDALE  
33301

FL

2. Principal Place of Business  
2915 SOUTH FEDERAL HIGHWAY3. Mailing Address  
2915 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE  
FLCity & State  
FORT LAUDERDALE  
FL4. FEI Number  
**65-0917576**Applied For  
Not ApplicableZip  
33316

Country

Zip  
33316

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HUGO PAUL  
1540 SE 17TH STREETFORT LAUDERDALE  
33301

FL

## 7. Name and Address of New Registered Agent

Name  
IPPOLITO PAULStreet Address (P.O. Box Number is Not Acceptable)  
2915 SOUTH FEDERAL HIGHWAYCity  
FORT 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 **PAUL IPPOLITO**

01/03/2001

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, 2001 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

TITLE	TS	<input type="checkbox"/> Delete
NAME	ALEXANDER NICOLE	
STREET ADDRESS	1540 SE 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	P	<input type="checkbox"/> Delete
NAME	IPPOLITO PAUL	
STREET ADDRESS	1540 SE 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPPOLITO NICOLE C	
STREET ADDRESS	2915 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPPOLITO PAUL	
STREET ADDRESS	2915 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Nicole C. Ippolito**

VP

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)