## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000096759

6401 CONGRESS AVE., SUITE 100

BOCA RATON, FL 33487

Address:

City-St-Zip:

Entity Name: UNIQUIP PLUS, INC.

FILED Jan 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6401 CONGRESS AVE. **SUITE # 100** BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** 6401 CONGRESS AVE. **SUITE # 100** BOCA RATON, FL 33487 FEI Number: 65-0968083 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMAD, MOHAMMED 6401 CÓNGRESS AVE. **SUITE # 100** BOCA RATON, FL 33487 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ZALZALA, JURI Name: Name: 6401 CONGRESS AVE., SUITE 100 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: HAMAD, MOHAMMED Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED HAMAD CFO 01/19/2009