2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000104042

1. Entity Name

UNIQUE TRANSFER, INC.

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-11-2000 90291 003 ***150.00

Principal Place of Business	Mailing Address
2749 NW 30 AVE LAUDERDALE LAKES FL 33311	2749 NW 30 AVE LAUDERDALE LAKES FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2703 NW 29 TR	2703 NW 29 TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State: OAKLAND PARK, FL
Zip: 33311 Country:	Zip: 33311 Country:

4. FEI Number 65-0963756 — 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
BACHAALANI, ELIE 2749 NW 30 AVE LAUDERDALE LAKES FL 33311	Name: BACHAALANI, ELIE Street Address (P.O. Box Number is Not Acceptable): 2703 NW 29 TR City: OAKLAND PARK FL Zip Code: 33311

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: ELIE BACHAALANI PRESIDENT 6-1-00

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, 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: D NAME: BACHAALANI, ELIE STREET ADDRESS: 2749 NW 30 AVE CITY-ST-ZIP: LAUDERDALE LAKES FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ELIE BACHAALANI 5-4-00 (954) 738-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)