

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106826

1. Entity Name

UNIQUE SERVICES & BOOKEEPING, INC.

Principal Place of Business

3148 SW 27TH AVENUE
SUITE 4
MIAMI FL 33133

Mailing Address

3148 SW 27TH AVENUE
SUITE 4
MIAMI FL 33133

2. Principal Place of Business

900 WEST AVE #401

3. Mailing Address

900 WEST AVE #401

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0966385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRASILEIRO, DESPACHANTE
3961 N. FEDERAL HWY.
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name MARCELO FERREIRA KEEBING

Street Address (P.O. Box Number is Not Acceptable)

2899 COLLINS AVE. APT. 948

City

MIAMI BEACH

FL

Zip Code

33140

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

Handwritten Signature

(NOTE: Registered Agent signature required when reinstating)

4/30/2002

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, 2002 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 PT ☐ Delete
NAME FERREIRA, MARCELO
STREET ADDRESS 3148 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33133

TITLE VS ☐ Delete
NAME WILLEY RAMOS, NATALIA
STREET ADDRESS 3148 SW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 2899 COLLINS AVE. APT # 948
CITY-ST-ZIP MIAMI BEACH, FL 33140

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 900 WEST AVE. #401
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002

Date

305-3222697

Daytime Phone #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90317 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)