

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 009 ***150.00

DOCUMENT # **P99000106826**

1. Entity Name
UNIQUE SERVICES & BOOKKEEPING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 WEST AVE

3. Mailing Address
900 WEST AVE

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.
401

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number
65 0966385

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARCELO FERREIRA

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

11222 NW 73 TERRACE

City
MIAMI FL

FL

Zip Code
33178

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 **Marcelo Ferreira**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
NAME
MARCELO FERREIRA
STREET ADDRESS
11222 NW 73 TERRACE
CITY-ST-ZIP
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE PRESIDENT
NAME
NATALIA WILLEY RAMOS
STREET ADDRESS
900 WEST AVE #401
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Marcelo Ferreira**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

(305) 992 8883
Daytime Phone #

CR2E034B (12/01)