

2005
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2005 08:00 AM
Secretary of State ATX1

DOCUMENT # P99000110036

1. Entity Name

UNICORN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2880 NE 25TH STREET

3. Mailing Address
2880 NE 25TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL

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FT. LAUDERDALE, FL

4. FEI Number
65-1021570

Applied For
Not Applicable

Zip 33305 **Country** USA

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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
EDWARD J. SLANE, JR

Street Address (P.O. Box Number is Not Acceptable)
2880 NE 25TH STREET

City
FT LAUDERDALE

FL

Zip Code
33305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME EDWARD J. SLANE, JR
STREET ADDRESS 2880 NE 25TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **EDWARD J. SLANE, JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-05 954-566-1555