

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29078

1. Entity Name
UNIQUE ROOFING & CONSTRUCTION, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90175 018 ***150.00

Principal Place of Business

18344 NE 2 AVE.
N MIAMI BCH. FL 33179

Mailing Address

18344 NE 2 AVE.
N MIAMI BCH. FL 33179

CU047232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13990 NE 12 AVE

3. Mailing Address

13990 NE 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NO. MIAMI, FL

City & State

NO. MIAMI, FL

4. FEI Number

65-0323090

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

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

OGEN, AVI
18344 NE 2 AVE.
N MIAMI BCH. FL 33179

Name

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

City

FL

Zip Code

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

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS OGEN, AVI
CITY-ST-ZIP 18344 NE 2 AVE.
N MIAMI BCH. FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS OGEN, AVI
CITY-ST-ZIP 13990 NE 12 AVE
NO. MIAMI, FL 33161

TITLE ☐ Delete
NAME D
STREET ADDRESS OGEN, RUTH
CITY-ST-ZIP 18344 NE 2 AVE.
N MIAMI BCH. FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS OGEN, RUTH
CITY-ST-ZIP 13990 NE 12 AVE
NO. MIAMI, FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Ruth Ogen - RUTH OGEN

4/13/01

305-948-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)