

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90041 030 ****50.00

DOCUMENT # L02000027880

1. Entity Name

A TOUCH OF GLORIA, LIMITED COMPANY



Principal Place of Business

Mailing Address

~~600 BRICKELL AVENUE~~
~~SUITE 206-J~~
~~MIAMI, FL 33131~~

~~600 BRICKELL AVENUE~~
~~SUITE 206-J~~
~~MIAMI, FL 33131~~

2. Principal Place of Business

3. Mailing Address

6807 SW 105th CT

Suite, Apt. #, etc.

6807 S.W. 105th CT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

Country

33173

USA

Zip

Country

33173

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLORIA, MUCI
600 BRICKELL AVENUE
SUITE 206-J
MIAMI, FL 33131

Name

GLORIA MUCI

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

6807 S.W. 105th CT

City

Miami

FL

Zip Code

33173

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MUCI, GLORIA G
600 BRICKELL AVENUE, SUITE 206-J
MIAMI, FL 33131

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GLORIA MUCI
6807 SW 105th CT
MIAMI, FL 33173

☒ Change ☐ Addition

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MGR
GLORIA MUCI
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MIAMI, FL 33173

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/23/03 **(305) 595-1236**

Date Daytime Phone #

CR2E083 (4/03)