

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838187

1. Entity Name

GOLDEN TOUCH CORPORATION

Principal Place of Business

5201 S.E. STERLING CIRCLE
STUART FL 34997

Mailing Address

5201 S.E. STERLING CIRCLE
STUART FL 34997-6525

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90087 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2032501**

Applied For

Not Applicable

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

RODRIGUEZ, JOSEPH
5201 S.E. STERLING CIRCLE
STUART FL 34997

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

4-7-00

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, 2000 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	DV	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSEPH	
STREET ADDRESS	5201 SE STERLING CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARY ANN	
STREET ADDRESS	5201-SE STERLING CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PAULA	
STREET ADDRESS	311 N. KNOWLES AVENUE, APT. 208PE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attached copy of the document.

SIGNATURE: *Mary Ann Rodriguez* (JOSEPH RODRIGUEZ)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARY ANN RODRIGUEZ
Date: 4/7/00
Daytime Phone #: 561 283-4507

CR2E034 (9/99)