

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003369

1. Entity Name

FINAL TOUCH, LLC

Principal Place of Business

3250 MARY STREET, SUITE 306
MIAMI FL 33133

Mailing Address

3250 MARY STREET, SUITE 306
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

8045 SW 62 place

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

Zip

Country

33143

USA



DO NOT WRITE IN THIS SPACE

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

LEVINE, ALAN W ESQ.
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ~~Resident Manager~~ Allison S. Byrd
STREET ADDRESS 8045 SW 62 PL
CITY-ST-ZIP MIAMI, FL 33143

TITLE NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *ALLISON BYRD*

2-8-02

305 205 62104

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

Date

Daytime Phone #

CR2E083 (9/01)