

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M23844

1. Entity Name
GUY & MORTY'S TOUCH OF CLASS, INC.



FILED

03 AUG 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O BARRY ALAN WILEN
4601 SHERIDAN ST #208
HOLLYWOOD, FL 33021

Mailing Address
C/O BARRY ALAN WILEN
4601 SHERIDAN ST #208
HOLLYWOOD, FL 33021

2. Principal Place of Business
1291 West Palmetto Park Road
Suite, Apt. #, etc.

3. Mailing Address
1291 West Palmetto Park Road
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, Florida
Zip
33486
Country
Palm Beach

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4. FEI Number
59-2606087
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COGAN, GUY H.
1291 W. PALMETTO PK RD.
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name
Lucy Aguirre
Street Address (P.O. Box Number is Not Acceptable)
1291 West Palmetto Park Road
City
Boca Raton
FL
Zip Code
33486

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 Lucy Aguirre *Lucy Aguirre* 7/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	☒ Delete
NAME	COGAN, GUY H.	
STREET ADDRESS	22015 COLONY DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIP	☐ Change ☒ Addition
NAME	Lucy Aguirre	
STREET ADDRESS	4736 N.W. 6th Avenue	
CITY-ST-ZIP	Pompano Beach, Florida 33064	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucy Aguirre President *Lucy Aguirre* 7/8/03 561-395-3520
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CHRE034 (10/02)