

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90948 012 ****61.25

DOCUMENT # NO 1 00000 3926

1. Entity Name
TOUCH RESEARCH ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

80057089

2. Principal Place of Business 4218 N. SURF RD		3. Mailing Address George Schwind - Suite 600	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 500 AUSTRALIAN AVE S	
City & State HOLLYWOOD, FL		City & State WEST PALM BEACH, FL	
Zip 33019	Country USA	Zip 33401	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124033	Applied For <input type="checkbox"/>
	Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name George Schwind	
Street Address (P.O. Box Number is Not Acceptable) 500 AUSTRALIAN AVE S - Suite 600	
City WEST PALM BEACH	Zip Code FL 33401

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

George Schwind

3/22/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D M. Tiffany Field 4218 N. SURF Road HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP/D JACOB L. GEWIRTZ 2025 BRICKELL AVE # 1802 MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T George Schwind 500 AUSTRALIAN AVE S STE 600 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Schwind
GEORGE SCHWIND S/T

3/22/02 561655 8994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037B (12/01)