

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90084 011 ***150.00

DOCUMENT # **P000000D11159**

1. Entity Name

A TOUCH OF U, INC. ✓

DO NOT WRITE IN THIS SPACE

660240

2. Principal Place of Business

11330 NW 21 CT

3. Mailing Address

11330 NW 21 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0942007

Applied For

Not Applicable

Zip

33167

Country

USA

Zip

33167

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 remitting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PRESIDENT & CEO**
NAME **KIMBERLY ARCHER-HAMILTON**
STREET ADDRESS **11330 NW 21 CT**
CITY-STATE-ZIP **MIAMI, FL 33167**

TITLE **VICE PRESIDENT & CFO**
NAME **SALLA BETHEA**
STREET ADDRESS **6700 RISDON COURT**
CITY-STATE-ZIP **RALEIGH, NC 27616**

TITLE **SECRETARY**
NAME **BRENDA G. COOPER**
STREET ADDRESS **16254 SW 21 STREET**
CITY-STATE-ZIP **MIRAMAR, FL 33027**

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

(305) 987-8466

Date

Daytime Phone #

CR2E034B (12/01)