

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90356 020 ***150.00

DOCUMENT # P00000110345

1. Entity Name

A TOUCH OF CLASS WHO, INC.

Principal Place of Business

Mailing Address

**4515 SW 22ND STREET
 HOLLYWOOD FL 33023**

**4515 SW 22ND STREET
 HOLLYWOOD FL 33023**

2. Principal Place of Business

4515 SW 22nd Street

3. Mailing Address

4515 SW 22nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33023

Country

USA

Zip

33023

Country

USA

6. Name and Address of Current Registered Agent

**CHARLES J. GOLDMAN, P.A.
 601 SOUTH FEDERAL HWY
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Charles J. Goldman, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
601 South Federal Hwy
 City **Hollywood, Florida** FL Zip Code **33020**

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

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, 2002 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

TITLE **D** ☐ Delete
 NAME **BROWN, GLORIA J**
 STREET ADDRESS **4515 SW 22ND STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ Delete
 NAME **BROWN, STELLA M**
 STREET ADDRESS **4515 SW 22ND STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ Delete
 NAME **BROWN, RONNIE**
 STREET ADDRESS **4515 SW 22ND STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Gloria J. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 (954)801-5101
 Date Daytime Phone #

CR2E034 (9/01)