

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000012452					
1. Entity Name QUALITY OF TOUCH, INC.					
Principal Place of Business 671 NORTHEAST 195TH STREET SUITE 216E NORTH MIAMI BEACH, FL 33179			Mailing Address 671 NORTHEAST 195TH STREET SUITE 216E NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				4. FEI Number 65-1074859 Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when registering.) DATE _____					
FILING NOTICE: FEE IS \$460.00. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
PVTD	BAHAN, JOSEPH J	671 NORTHEAST 196TH STREET NORTH MIAMI BEACH, FL 33179			
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: <i>Joseph J. Bahan</i>			414103		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)