

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

DOCUMENT # **P0100064497**  
Entity Name **TOUCH OF CLASS  
ENTERPRISE OF MIAMI**

**FILED**

02 OCT - 1 - PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**900008600999**  
10/25/02--01098--019 \*\*150.00

1. Principal Place of Business  
**2742 NW 35 St**  
2. Mailing Address  
**2742 NW 35 St.**  
3. City & State  
**Miami Florida**  
4. Zip  
**33142**  
5. County  
**DADE**

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4. FEI Number **65-1117576**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name **CARLOS FUNEZ**

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

**2742 NW 35 St**

City **Miami Florida** FL Zip **33142**

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

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**

**OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>PRESIDENT</b>              |
| NAME           | <b>CARLOS FUNEZ</b>           |
| STREET ADDRESS | <b>2742 NW 35 St Miami FL</b> |
| CITY-ST-ZIP    | <b>33142</b>                  |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
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3. 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, and that I am the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 1 of the report.

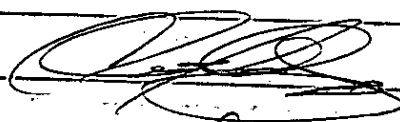
CR2E034B (12/01)

Call

TO Whom May it CONCERN

With this letter I would like  
to explain that we moved from  
4934 EAST 9 Lane to 2742 NW  
35 St. Miami Florida 33142, We have  
Received the Uniform business Report,  
We WANT to ASK you to Waived  
any penalty-

Sincerely -



Carlos Perez - 2742 NW 35 St.  
PRESIDENT - Miami FL 33142

TO:

DIVISION of CORPORATIONS  
P.O. Box 6327

Tallahassee FL 32314

9-24-02