

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

FILED

03 DEC -2 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064497

1. Entity Name

TOUCH OF CLASS ENTERPRISE OF MIAMI
CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 NW 7 Avenue
Suite, Apt. #, etc.

3. Mailing Address

144 NW 44 Street
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip
33136

Country
USA

Zip
33127

Country
USA

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

03

4. FEI Number

65-1117576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos R. Funez

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

144 NW 44 Street

City

Miami

FL

Zip Code

33127

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 of individual or name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-25-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Carlos R. Funez
144 NW 44 Street Miami FL
33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500025160325
12/02/03--01046--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 326-1799

Date

11-25-03

Daytime Phone #

CR2E034B (12/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064497

1. Entity Name
TOUCH OF CLASS ENTERPRISE OF MIAMI CORP.



Principal Place of Business
2742 N.W. 35TH ST.
MIAMI FL 33142

Mailing Address
2742 N.W. 35TH ST.
MIAMI FL 33142



2. Principal Place of Business

1250 NW 7 Ave

3. Mailing Address

144 NW 44 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-1117576

Applied For

Not Applicable

Zip

33136

Country

USA

Zip

33127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUNEZ, CARLOS
2742 N.W. 35TH ST.
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

144 NW 44 Street

City Miami

FL

Zip Code 33127

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/30/03

FILE NOW!!! FEE IS \$150.00

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

TITLE P
NAME FUNEZ, CARLOS
STREET ADDRESS 2742 N.W. 35TH ST.
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Funez, Carlos
STREET ADDRESS 144 NW 44 Street
CITY-ST-ZIP Miami FL 33127 ☒ Change ☐ Addition

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

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

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

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

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

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

01/30/03 (305) 326-1246

AFFIDAVIT WITH JURAT


Date: November 25, 2003

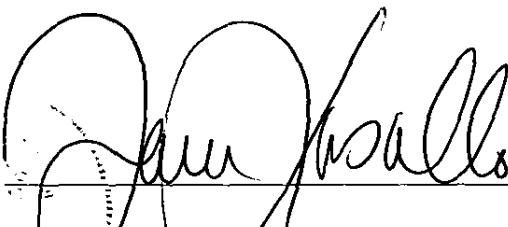
RE: DOCUMENT # P01000064497

**State of Florida
County of Miami-Dade**

**The purpose of this letter is to acknowledge that I, Carlos R. Funez,
President of Touch of Class Enterprise Of Miami Corp. located at 1250
NW 7 Avenue in Miami, Florida 33136, and properly identified with
Florida Driver's License declare under oath declare that:**

**I mailed the Uniform Business Report with a check for \$150
which never cleared my bank. For this reason I ask that
you accept a duplicate check in the amount of \$150. If there
are any inquiries please contact my Accountant JANET
VASALLO at your convenience (305) 643-2482.**

X 
Affiant's Signature



NOTARY PUBLIC

