

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # 001000094754

1. Entity Name
touch of Health Unlimited Inc.

FILED

02 APR 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20401 NW 2 Avenue, Suite 305
Miami, FL
33169

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.
same

City & State
same

Zip
same

Country
USA

4. FEI Number
65-1140114

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Julia Grant
20401 NW 2 Avenue, Suite 305
Miami, FL 33169

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.

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. May Be Added to Fees \$5.00

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Julia Grant		NAME		
STREET ADDRESS	20401 NW 2 Avenue, Suite 305		STREET ADDRESS		
CITY - ST - ZIP	Miami, FL 33169		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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-04/23/02--01066--025
****150.00 ****150.00

CR2E034 (9/99)

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.

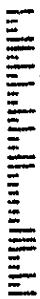
SIGNATURE: [Signature] Julia Grant, President 3/15/2002 (305) 654-0324

JOHN INCORVIA, P.A.
LAW OFFICE
655 NW 128 STREET
MIAMI, FL 33168
(305) 681-7877

03/19/2002

Internal Revenue Service
Atlanta, GA 39901

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120
5996 \$00.340 MAR 15 02
0081 MAILED FROM ZIP CODE 33168
UNITED STATES POSTAGE
PB9397884





FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 27, 2002

GUINNESS BASS IMPORT COMPANY
6 LANDMARK SQUARE
STAMFORD, CT 06901 US

SUBJECT: GUINNESS BASS IMPORT COMPANY
Ref. Number: P14124

Please be advised, we have received your request to file an amended uniform business report for the above corporation; however, the document **has not been filed** and is being returned for the following:

The filing fee for an amended annual report/uniform business report is \$61.25.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 802A00018307