

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 025 ***150.00

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094754

1. Entity Name

Touch of Health Unlimited Inc.

Principal Place of Business

20401 NW 2 Avenue, Suite 305

Mailing Address

Miami, FL

33169

2. Principal Place of Business

20401 NW 2 Avenue, Suite 305

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1140114

Applied For

Not Applicable

Zip

33169

Country

Dade

Zip

Country

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, fee will be \$550.00

Make check payable to Department of State

Mail to : Division of Corporations
Uniform Business Report Filings

P. O. Box 1500, Tallahassee, FL 32302-1500

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P, S, T ☐ Delete
NAME Julia Grant
STREET ADDRESS 20401 NW 2 Avenue, Suite 305
CITY - ST - ZIP Miami, FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)