

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-11-2003 90119 005 ***150.00

DOCUMENT #

P02000030647

1. Entity Name

PERSONAL TOUCH PT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5712 Coco Palm Drive

Suite, Apt. #, etc.

3. Mailing Address

5712 Coco Palm Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tamarac, FL

City & State
Tamarac, FL

4. FEI Number
03-0417550

Applied For
Not Applicable

Zip
33319

Country
USA

Zip
33319

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Olga Gonzalez

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

5712 Coco Palm Drive

City
Tamarac,

FL

Zip Code
33319

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

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$350.00
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
D
Olga Gonzalez
5712 Coco Palm Drive
Tamarac, FL 33319

TITLE
NAME
STREET ADDRESS
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**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

Olga Gonzalez

4/19/03

Daytime Phone #

(954)535-0884

CR2E034B (12/02)