

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91189 003 \*\*\*150.00

**DOCUMENT # P02000084935**

**1. Entity Name**  
**PERFECT TOUCH SERVICES, INC**



**Principal Place of Business**  
13751 N.W. 4TH STREET  
APT. D407  
PEMBROKE PINES FL 33028

**Mailing Address**  
13751 N.W. 4TH STREET  
APT. D407  
PEMBROKE PINES FL 33028

**2. Principal Place of Business**

**500 NW 141 Ave # 211**

**3. Mailing Address**

**Same**

Suite, Apt. #, etc.

**211**

Suite, Apt. #, etc.

**City & State**

**Pembroke Pines FL**

**City & State**

**Zip**

**33028**

**Country**

**USA**

**Zip**

**Country**

**4. FEI Number**

**02-0638210**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**COLLAZO, YESENIA ESQ.**  
**7759 N.W. 146TH STREET**  
**MIAMI LAKES FL 33016**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Juliana Padilla*

**04-15-03**

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 Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** PADILLA, CARMEN R  
**STREET ADDRESS** 13751 N.W. 4TH STREET #D407  
**CITY-ST-ZIP** PEMBROKE PINES FL 33028

**TITLE** VD ☐ Delete  
**NAME** PADILLA, JULIANA  
**STREET ADDRESS** 13751 N.W. 4TH STREET #D407  
**CITY-ST-ZIP** PEMBROKE PINES FL 33028

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**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:**

*Juliana Padilla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-03 (786) 3446953**

Date

Daytime Phone #

CR2E034 (10/02)