

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90144 023 \*\*\*150.00

**DOCUMENT # P93000070616**

1. Entity Name

AL'S GOLDEN TOUCH, INC.

Principal Place of Business

3733 NW 52ND CT  
FT LAUDERDALE FL 33309  
US

Mailing Address

3733 NW 52 CT  
FT LAUDERDALE FL 33309  
US

2. Principal Place of Business

1081 NE 26 Ave

Suite, Apt. #, etc.

3. Mailing Address

1081 NE 26 Ave

Suite, Apt. #, etc.

City & State

Pompano Beach, FL.

City & State

Pompano Beach FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

4. FEI Number

65-0442829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, ALVIN F  
3733 NW 52ND CT  
FT LAUDERDALE FL 33308

*Change  
of Address only*

7. Name and Address of New Registered Agent

Name ROSS, ALVIN F.  
Street Address (P.O. Box Number is Not Acceptable)  
1081 NE 26 Ave

City Pompano Beach

FL

Zip Code

33062

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ROSS, ALVIN F  
STREET ADDRESS 3733 NW 52 CT  
CITY-ST-ZIP FT LAUDERDALE FL *Change of Address*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME ROSS, ALVIN F  
STREET ADDRESS 1081 NE 26 Ave  
CITY-ST-ZIP Pompano Beach, FL 33062

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

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

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

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

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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02  
Date

954-785-8576  
Daytime Phone #

CR2E034 (9/01)