

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90014 011 ***150.00

0057117 AV

DOCUMENT #	P94000062323
1. Entity Name A TOUCH OF TRADITION, INC.	

Principal Place of Business 3585 NE 207TH STREET AVENTURA FL 33180	Mailing Address 3585 NE 207TH STREET AVENTURA FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0514341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SOFFER, EZRA 3408 NE 210TH LANE N. MIAMI BEACH FL 33180	

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	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME SOFFER, EZRA	
STREET ADDRESS 3408 NE 210TH LANE	
CITY-ST-ZIP N. MIAMI BEACH FL 33180	
TITLE P	<input type="checkbox"/> Delete
NAME SOFFER, ALEGRIA	
STREET ADDRESS 3408 NE 210TH LANE	
CITY-ST-ZIP N. MIAMI BEACH FL 33180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:	SIGNATURE REQUIRED	7/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (5/01)

Attachment

Account # 94000062323

Siegelaub, Lieberman & Associates, P.A.
Certified Public Accountants
9690 W. Sample Road Suite 202
Coral Springs, Florida 33065
(954) 753-2222
Fax (954) 753-1123

July 14, 2001

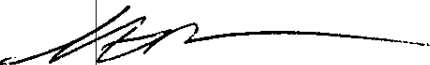
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Touch of Tradition, Inc.
3585 NE 207th Street
Aventura, Florida 33180

To Whom it May Concern:

Enclosed you will find a 2001 Uniform Business Report and a check in the amount of \$150.00. We respectfully request your acceptance of this late filed return without the additional late fees. The first form was not received by the due date and probably lost in the mail.

Thank you for your consideration in this matter.


Steven S. Siegelaub
Certified Public Accountant