

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070122

1. Entity Name: **TOUCHE' COUTURE, INC.**

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90019 021 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2858
PALM BEACH FL 33480

P.O. BOX 2858
PALM BEACH FL 33480-2858

2. Principal Place of Business

3. Mailing Address

226A Worth Ave
Suite, Apt. #, etc.

P.O. Box 2858
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Bch. FL

City & State
Palm Bch. FL

4. FEI Number, **65-0776512**

Applied For
Not Applicable

Zip
33460

Country
US

Zip
33460

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOANINGER, CHRISTINE R
2324 SARATOGA BAY DRIVE
WEST PALM BEACH, FL 33409

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

Christine Cloaninger
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

4/18/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CLOANINGER, CHRISTINE R
P.O. BOX 2858 N/A
PALM BEACH FL 33480

☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Christine Cloaninger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

5613669660
Daytime Phone #

CR2E034 (9/99)