

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 021 ***150.00

DOCUMENT # P98000004733

1. Entity Name Touzon
CORPORATION

Principal Place of Business 5020 SW 102 Court
Miami, Florida 33165
Mailing Address P.O. Box 140668
Coral Gables, FL 33114

2. Principal Place of Business
3. Mailing Address
P.O. Box 140668

Suite, Apt. #, etc.

City & State Coral Gables, FL 33134

Zip **Country**

4. FEI Number 65-0817104
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

00054181

6. Name and Address of Current Registered Agent

MJF REGISTERED AGENT CORP.
153 Sevilla Avenue
Coral Gables, Florida 33134

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 Michael J. Freeman
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
Michael J. Freeman, President

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE DPS ☐ Delete
NAME FERNANDEZ-TOUZON, ANTONIO M.
STREET ADDRESS 5020 SW 102 Court
CITY-ST-ZIP Miami, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 140668
CITY-ST-ZIP Coral Gables, FL 33114-0668

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO M. FERNANDEZ-TOUZON
PRESIDENT

4/27/2001
Date

702-616-9726
Daytime Phone #

CR2E034 (11/00)