

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-19-2000 90105 047 ***158.75

DOCUMENT # P98000074934

1. Entity Name

EXECUTIVE TOUCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

11659 DARLINGTON DR
ORLANDO FL 32837

Mailing Address

11659 DARLINGTON DR
ORLANDO FL 32837-7731

2. Principal Place of Business

12185 Black Heath Cir
Suite, Apt. #, etc.

3. Mailing Address

12185 Black Heath Cir
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3530399

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSSAI, VIRGANAND
11659 DARLINGTON DR
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Raymond Malave

Street Address (P.O. Box Number is Not Acceptable)

12185 Black Heath Cir

City

Orlando

FL

Zip Code

32837

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.

Raymond Malave
SIGNATURE

Miguel A Medina

4-25-00

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, 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

TITLE ☒ Delete
NAME *GOSSAI, VIRGANAND*
STREET ADDRESS *11659 DARLINGTON DR*
CITY-ST-ZIP *ORLANDO FL 32837*

TITLE ☒ Delete
NAME *WILKINS, JOSEPH E*
STREET ADDRESS *7228 SOMERSWORTH DR*
CITY-ST-ZIP *ORLANDO FL 32835*

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 *Raymond Malave*
STREET ADDRESS *12185 Black Heath Cir*
CITY-ST-ZIP *Orlando FL 32837*

TITLE ☒ Change ☐ Addition
NAME *Miguel A Medina*
STREET ADDRESS *3284 Moccasin Dr*
CITY-ST-ZIP *Kissimmee FL 34746*

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)(l), 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: *Raymond Malave* *Miguel A Medina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407-390-1586

Daytime Phone #

CR2E034 19/99