


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069713

1. Entity Name

*The Divine Touch Inc.*



**FILED**  
03 DEC 19 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4850 NW 20 COURT  
Suite, Apt. #, etc.

3. Mailing Address  
4850 NW 20 COURT  
Suite, Apt. #, etc.

City & State  
LAUDERHILL FLA

City & State  
LAUDERHILL FLA

Zip  
33313

Country  
USA

Zip  
33313

Country  
USA

900023986439  
10/21/03--01140--029 \*\*150.00  
**REINSTATEMENT** *03*

4. FEI Number  
65-0939086

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

7. Name and Address of Current Registered Agent

Name *O'NEIL WOODSTOCK*

Street Address (P.O. Box Number is Not Acceptable)  
4850 NW 20 COURT

City *LAUDERHILL* FL Zip Code *33313*

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *10/13/03*

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D WOODSTOCK, O'NEIL 4850 NW 20 COURT LAUDERHILL, FLA 33313</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with an office line empowered.

SIGNATURE: *[Signature]* DATE *10/13/03* DIVINE PHONE #

CR2E034B (12/02)

The Divine Touch, Inc.  
4850 NW 20 Court  
Fort Lauderdale, FL 33313

December 6, 2003

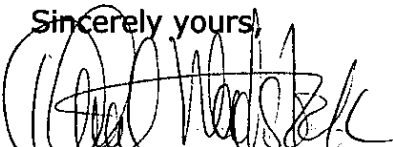
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

In response to your correspondence dated October 24, 2003, please be advised that the UBR was sent in late because I did not receive it in the mail. I had phoned your office and a representative told me to send in a letter stating the tardiness of the report and I will not be liable for the \$600.00. Kindly update your records accordingly.

Thank you for your kind cooperation regarding this matter.

Sincerely yours,



O'Neil Woodstock  
President