

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102359

1. Entity Name

TOUCHSTONE 2000 HOME DESIGN SYSTEM CORP.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90193 019 \*\*\*150.00

Principal Place of Business

Mailing Address

2324 N. MIAMI AVE.  
 MIAMI FL 33127

~~2324 N. MIAMI AVE.~~  
~~MIAMI FL 33127~~

2. Principal Place of Business

2324 N. MIAMI AVE

3. Mailing Address

1008 Jefferson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302 (SUITE)

City & State

MIAMI FLORIDA

City & State

MIAMI BEACH

Zip

Country

Zip

Country

33127

USA

FL

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

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

MOLANS, JAMES A

5901 SW 74TH ST

SUITE 400

SOUTH MIAMI FL 33143

Name TOUCHSTONE 2000

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

2324 N MIAMI AVE

City MIAMI

FL

Zip Code 33127

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 26 / 00

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 ☐ Delete  
 NAME D FAIRLESS, ROBERT DEAN JR  
 STREET ADDRESS 2324 N. MIAMI AVE.  
 CITY-ST-ZIP MIAMI FL 33127

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

TITLE ☐ Delete  
 NAME D ZENaida ARMELLA  
 STREET ADDRESS 2324 N. MIAMI AVE  
 CITY-ST-ZIP MIAMI, FL 33127

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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

APR 26 / 00

Date

Daytime Phone

(305) 598-7663

CR2E034 (9/99)