

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90022 040 ***150.00

DOCUMENT # P99000103940
1. Entity Name
 LASER TOUCH, INC ✓

Principal Place of Business % MITCHEL A. SILVER & CO.
 P.O. BOX 22-3592
 HOLLYWOOD FL 33022-3592
Mailing Address % MITCHEL A. SILVER & CO.
 P.O. BOX 22-3592
 HOLLYWOOD FL 33022-3592

2. Principal Place of Business 612 BRIARWOOD CIR
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
City & State HOLLYWOOD FL
Zip 33024 **Country**

4. FEI Number 22-3688439
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
Name GAIL MANNING
Street Address (P.O. Box Number is Not Acceptable)
 612 BRIARWOOD CIR.
City HOLLYWOOD **FL** **Zip Code** 33024

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]* **DATE** 3/26/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD <input type="checkbox"/> Delete	TITLE P/S/D GAIL MANNING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS 612 BRIARWOOD CIRCLE	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP HOLLYWOOD, FL 33024	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

1. 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]* **DATE** 3/26/01 **Daytime Phone #** (954) 922-0886
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/99)