

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 010 ***150.00

DOCUMENT # **P9900010T452**

1. Entity Name

SILVER TOUCH ENTERPRISES, INC.

Principal Place of Business

**235 ALMOND AVENUE
 FT. LAUDERDALE, FL 33316**

Mailing Address

**235 ALMOND AVENUE
 FT. LAUDERDALE, FL 33316**

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0967324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PETER P. PARISI
 2832 NE 21ST COURT
 FT. LAUDERDALE, FL 33305**

7. Name and Address of New Registered Agent

Name

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

4045 NW 16TH STREET 111

City

FT. LAUDERDALE

FL

Zip Code
33313

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

PETER P. PARISI

(NOTE: Registered Agent signature required when reinstating)

4/29/00

DATE

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME
RONEN PERETZ	2716 NE 32ND ST FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LISA JOHNSTON	2716 NE 32ND ST FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lisa Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Johnston
 DIRECTOR

4/29/00 (954) 523-6677

Date

Daytime Phone #

CR2E034 (9/99)