

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S15586

1. Entity Name  
TOUCHWOOD CORPORATION

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90044 027 \*\*\*150.00

Principal Place of Business

Mailing Address

8540 INTERNATIONAL DR  
ORLANDO FL 32819  
US

8540 INTERNATIONAL DR  
ORLANDO FL 32819  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038455

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

PARBHOO, BHARATKUMAR  
8540 INTERNATIONAL DR  
ORLANDO FL 32819

Name

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

8020 Rural Retreat Cr

City

Orlando

FL

Zip Code

32819

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

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          | P.                    | <input type="checkbox"/> Delete |
| NAME           | PARBHOO, BHARATKUMAR  |                                 |
| STREET ADDRESS | 8540 INTERNATIONAL DR |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32819      |                                 |
| TITLE          | S                     | <input type="checkbox"/> Delete |
| NAME           | PARBHOO, NALINI       |                                 |
| STREET ADDRESS | 8540 INTERNATIONAL DR |                                 |
| CITY-ST-ZIP    | ORLANDO FL            |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |                       |   |
|----------------|-----------------------|---|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS | 8020 Rural Retreat Cr |   |
| CITY-ST-ZIP    | Orlando, FL 32819     |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS | 8020 Rural Retreat Cr |   |
| CITY-ST-ZIP    | Orlando, FL 32819     |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

*[Signature]* Bharatkumar Parbhoo 2.3.00